DOCUMENT RESUME

ED 410 459	CE 074 651
TITLE	Advanced Respite Care: Medically Challenged. Teacher Edition. Respite Care Series.
INSTITUTION	Oklahoma State Dept. of Vocational and Technical Education, Stillwater. Curriculum and Instructional Materials Center.
PUB DATE	1992-00-00
NOTE	565p.; For other documents in this series, see ED 304 585-586.
AVAILABLE FROM	Curriculum and Instructional Materials Center, Oklahoma Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074 (order no. HO1023: $8).
PUB TYPE	Guides - Classroom - Teacher (052)
EDRS PRICE	EDRS Price MF2 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Behavioral Objectives; *Chronic Illness; Competence; Competency Based Education; Instructional Materials; *Job Skills; *Job Training; Learning Activities; Learning Modules; Lesson Plans; *Nursing Education; Personal Care Homes; Postsecondary Education; Residential Care; *Respite Care; Skill Development; State Curriculum Guides; Teaching Guides; Teaching Methods; *Terminal Illness; Units of Study
IDENTIFIERS	Oklahoma

ABSTRACT

This curriculum guide is designed to help teachers to provide advanced-level training for care providers who want to work with individuals who are chronically or terminally ill and require specialized care. The curriculum contains seven units. Each of the instructional units includes some or all of these basic components: performance objectives, suggested activities for the instructor, information sheets, student supplements, transparency masters, instructional supplements, activity sheets, job sheets, practical tests, written test, and answers to assignment sheets and written test. All of the units focus on measurable and observable learning outcomes and are designed for use in more than one lesson or class period of instruction. Topics covered in the guide include the following: (1) providing care for medically challenged clients; (2) providing catheterization and ostomy care; (3) providing respiratory care; (4) assisting with cardiovascular care; (5) assisting with neurologic care; (6) maintaining food and fluid requirements; and (7) providing care for the terminally ill client. (KC)

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ADVANCED RESPITE CARE: MEDICALLY CHALLENGED

ED 410 459

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CIMC

Teacher Edition

93-009437

Oklahoma Department of
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1500 West Seventh Avenue
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HO1023

Advanced Respite Care: Medically Challenged

Developed by the
Curriculum and Instructional Materials Center
for the Division of
Oklahoma Department of Vocational and Technical Education

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FOREWORD

In 1988 representatives from the Curriculum and Instructional Materials Center (CIMC) of the Oklahoma Department of Vocational and Technical Education; Positive Reflections, Inc.; Oklahoma Department of Education; Oklahoma City Public Schools; and Children's Medical Center met to discuss developing, as a cooperative project, a course of instruction designed for training individuals to provide respite care for medically challenged clients.

This publication is the result of those original discussions and close coordination among parents, government agencies, volunteer groups, and educators. *Advanced Respite Care: Medically Challenged* is one of the publications from the Respite Care series of competency-based training programs designed to coordinate the practical experience and knowledge needed by personnel working in respite care.

Although this series reflects a systematic approach to instructional materials development and the latest in educational technology innovations, the instructor should adapt and modify information in *Advanced Respite Care: Medically Challenged* to coincide with local conditions and specific student/client needs.

ROY PETERS, JR.
State Director
Oklahoma Department of Vocational
and Technical Education

PREFACE

For many years the Oklahoma Department of Vocational and Technical Education has recognized the need for providing quality competency-based instructional materials for vocational education. Oklahoma has met the challenge by providing nationally recognized curriculum and services since 1972.

In 1988 Oklahoma's Curriculum and Instructional Materials Center (CIMC) determined a significant need for a series that would address training needs for respite care providers working with special needs clients of all ages. *Basic Respite Care* requires students to show proficiency in the basic skills and knowledge necessary for employment as a respite care provider or direct care provider working with special needs clients. *Advanced Respite Care: Emotionally Disturbed* provides advanced-level training for those individuals working with the emotionally disturbed. Case studies and practicums in school, home, and group settings are included.

The latest in this series, *Advanced Respite Care: Medically Challenged*, provides advanced-level training for care providers who want to work with health challenged individuals who are chronically and/or terminally ill and require specialized care. A student will not be certified as a trained direct care worker eligible to work with medically challenged persons without first receiving certification in *Basic Respite Care*.

Working with special-needs individuals requires a well-trained, caring, supportive individual. This curriculum provides the students with the opportunities to learn and develop these needed skills and talents.

ANN WOLFE
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ACKNOWLEDGEMENTS

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A big thank you goes to Bob Davis and the excellent staff of artists and illustrators in the Art Department, and to the staff of Health Occupations Education:

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USE OF THIS PUBLICATION

INSTRUCTIONAL UNIT

Advanced Respite Care: Medically Fragile contains seven units. Each instructional unit includes some or all of the basic components of a unit of instruction: performance objectives, suggested activities for the teacher, information sheets, job sheets, practical tests, written tests, and answers to assignment sheets and written tests, all of which are included in the instructor edition. The student workbook includes the objective sheets, information sheets, supplements, activity sheets, assignment sheets, and job sheets. Practical tests and written tests may be duplicated for classroom use or additional copies may be purchased by calling 1-800-654-4502, in Oklahoma 1-800-522-5810, ext. 589.

All of the unit components "zero in" on measurable and observable learning outcomes. Instructors are encouraged to supplement, personalize, localize, and motivate with these materials to develop a complete teaching/learning process.

Units of instruction are designed for use in more than one lesson or class period of instruction. Careful study of each unit of instruction by the instructor will help him or her determine the following:

- Amount of material that can be covered in each class period
- Skills that must be demonstrated
  - — Supplies and equipment needed
  - — Amount of class time needed for demonstrations
  - — Amount of time needed for student practice
- Supplementary materials, including print and non-print media, that must be ordered
- Resource people who must be contacted

Objective Sheet (white pages)

Each unit of instruction is based on the performance needed for successful employment in an occupational area. Performance objectives are stated in two forms: unit objectives, stating the subject matter to be covered in a unit of instruction, and specific objectives stating the performance necessary to reach the unit objective.

The unit objective states the overall goal of the unit. It tells what the student should be able to do and what standard will be used to see whether the student can do it. Specific objectives outline the teaching sequence of the competencies required to meet the unit objective.

The objectives should be provided for students and stressed throughout the teaching/learning process. This will help answer any questions concerning performance requirements for each instructional unit. The objective can also help determine teaching strategies and instructional methods. Instructors should prepare for each unit by deciding how each objective can be best taught.

Instructors should feel free to modify, delete, or add objectives in order to meet the needs of the students and community. When objectives are added, the instructor should remember to supply the needed information, assignment and/or job sheets, and criterion test items.

Suggested Activities (pink pages) — **Instructor's Edition only**

This component is included only in instructor material. The suggested activities page assists the instructor during the preparation stage of the teaching/learning process by providing suggestions for delivery, application, and evaluation during the instructional process. The instructor should read the suggested activities before teaching the units to allow time to obtain supplemental materials, prepare audiovisual materials, and contact outside resources. Duties of the instructor will vary according to the particular unit.

References used in the development of each unit are listed in the "Suggested Resources" section, along with print and non-print media that may be used to teach the unit. These materials can be used by the instructor to supplement his or her knowledge of the subject area or to help students with particular interests or occupational objectives in the area covered.

Information Sheets (green pages)

The information sheet provides "must know" content essential for meeting the cognitive objectives on the knowledge and comprehension level of Bloom's taxonomy of educational objectives. The information sheet serves as an excellent guide for presenting background knowledge necessary to develop the skills specified in the unit objective. It also may be used for coordination activities and advisory committees.

Students should read the information sheet before the information is discussed in class. Space is provided in margins for students and instructors to add notes that supplement, localize, personalize, or provide motivation for each unit.

The information sheet may also include sections that provide additional information or alerts. These should be discussed carefully and thoroughly. **Notes** are short verbal additions to the information sheet that provide nice-to-know and decision-making information. A note may tell the student what to watch for or to consider at a given step. It may explain when a step may not be applicable. Notes offer guidance that may help the student understand the process and do it more efficiently. The words **Notice, Caution, Warning,** and **Danger** warn that the situation has the potential for injury, death, or property damage unless it is completed properly or avoided. **Notices** indicate that property damage could occur, **Cautions** warn that minor or moderate injuries could result, **Warnings** indicate that death or serious injury could result, and **Danger** indicates that death or serious injury will result.

Student Supplements (green pages)

Supplements include instructions that could be used for solving problems or reinforcing the enrichment of learning. The information presented in a supplement may consist of tables, charts, written information, forms, or other information students will need in order to complete one or more of the assignment or job sheets. While supplements are not tested over directly, they may be used to assist in meeting the performance objectives.

Assignment sheets are intended to provide students with practice in exercising higher-order thinking skills. Often, assignment sheets will contain case studies or story problems or other situations in which the student must analyze the circumstances and determine correct responses. Assignment sheets may be given to the students for completion in class or for homework. Answer sheets are provided.

Transparency Masters (white pages)

Transparency masters provide information in a special way. The students may see as well as her the materials being presented, this reinforcing the learning process. Transparencies may present new information or they may reinforce information presented in the information or assignment sheets.

Transparencies should be made and placed in the notebook where they will be immediately available for use. Transparencies direct the class's attention to the topic of discussion. They should be left on the screen only when topics shown are under discussion.

Instructional Supplements (pink pages) — **Instructor's Edition only**

Instructional Supplements provide suggestions for teaching the basic skills included in each activity sheet, assignment sheet, or job sheet.

Activity Sheets (tan pages)

The purpose of activity sheets is to provide activities which support several objectives. Activity sheets vary greatly in their number and design from unit to unit. Some activity sheets deal with the student's attitudes and beliefs. These may ask rather personal questions and are only intended for each student's personal use. Some activity sheets may require the student to monitor his or her own actions or other personal variables over a period of time. Answer sheets may or may not be included. Activity sheet answers are on pink pages in the instructor's edition.

Assignment Sheets (tan pages)

Assignment sheets provide students with information and exercises to problems that address learning levels at or above the application level of Bloom's taxonomy. Assignment sheets provide written exercises for instruction and practice of a specific objective. The introduction to the assignment sheet explains how the assignment sheet relates to the subject area and unit objectives and may provide instructional information or refer students to another component for such information.

Job Sheets (blue pages)

Job sheets are another important segment of a unit of instruction. The job sheets provide a list of equipment, tools, and materials needed to complete a manipulative or psychomotor skill. They describe a step-by-step procedure to complete each task or job. Diagrams, photographs, and illustration are provided to assist students in achieving the skill.

The instructor should demonstrate the procedure outlines in each job sheet. Further more, the instructor needs to localize the procedure according to the equipment and supplies available in the local lab or shop situation. Job sheets also furnish potential employers with a picture of the skills being taught and the performances they might reasonably expect from a person who has had this vocational instruction.

Practical Tests (yellow pages) — **Instructor's Edition only**

The practical tests are designed to assist the instructor in the evaluation of the psychomotor activities (job sheets). The practical test provides instructors with a valid mechanism for determining a student's level of ability in performing the procedure stated on the job sheet.

Written Test (yellow pages) — **Instructor's Edition only**

This component provides criterion-references evaluation of every objective listed in the unit of instruction. It is crucial to note that both paper-pencil and performance objectives must be evaluated. If objectives have been added, deleted, and modified, appropriate changes should be made on the test.

The test may be written or oral. It is recommended that the tests be divided into shorter tests covering three or four objectives at a time and given soon after those objectives have been covered.

The acceptable response on a unit test, eighty-five (85) percent in most units, may be raised or lowered to fit the topic or students' ability levels. The percentage applies to the overall score, not to each individual question. The final unit grade should be obtained by using the "paper-pencil" score along with teacher evaluations of student demonstrations of the desired skills.

Answers to Assignment Sheets and Written Tests (pink pages) — **Instructor's Edition only**

These components are designed to assist the instructor in evaluation of student performance. They are available in the teacher's edition only.

PAGE NUMBERING

Each publication for the Curriculum and Instructional Materials Center is usually assigned a specific abbreviation. ***Advanced Respite Care: Medically Challenged*** has not been abbreviated. Each unit will be recognized by the unit number in Roman numerals. Each unit in the publication begins with page 1. Each page number gives the component name, book title, unit number, and page number within the unit. Since CIMC publications are loose-leaf, this system of page numbering was recently adopted so that pages from different manuals would not get mixed up. The page number for the objective sheet in **Providing Care for the Terminally Ill Client**, which is unit VII, would look like this:

> OBJECTIVE SHEET - **Advanced Respite Care: Medically Challenged**
> **CIMC** - VII - 1

METHODS OF DISSEMINATING MATERIAL

For best results, provide student materials for each student. Student workbooks contain objective sheets, information sheets, supplements, transparency masters, activity sheets, assignment sheets, and job sheets. Pretest, practical tests, and written tests are packaged separately for students, and can be stored until needed. Students should be allowed to take their materials home at the end of the course.

TEACHING METHODS

Keeping students motivated is a challenge. Supplement the objectives by providing the "why," personal experiences, and current information. If you are going to teach the material in a group setting, prepare for the unit be deciding the best way to teach each objective and allow for student input.

If you are going to follow the plan for individualized instruction, provide opportunities that will allow each student to become involved in planning for and being responsible for his or her own education.

COMPETENCY PROFILES

A competency profile is available for each CIMC publication. Competency profiles document student performance. The profile contains a list of the specific job competencies that a student should achieve before leaving the training program. Profiles should be distributed as required.

DISCLAIMERS, CORRECTIONS, AND SUGGESTIONS

Materials

Please note that suggested resources and references listed in this publication existed when the book was written and printed. The Curriculum and Instructional Materials Center (CIMC) assumes no responsibility for providing these materials and cannot ensure the availability of these materials because the individual vendors, manufacturers, and publishers may discontinue these products at any time.

Safety

CIMC wants to provide vocational instructors and students with materials that are accurate and effective. Although the CIMC strives to maintain the highest standards of development and production, oversights occasionally do occur. CIMC assumes no responsibility for any adverse effects resulting directly or indirectly from the information, suggested procedures, undetected errors, or the reader's misunderstanding of the information presented.

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The Curriculum and Instructional Materials Center (CIMC) wants to provide vocational instructors and students with materials that are accurate and effective. Although the CIMC strives to maintain the highest standards of development and production, oversights occasionally do occur. If you find any errors in this or other CIMC publications, or have suggestions for improving their usefulness in vocational programs, please notify the CIMC staff. One easy way of pointing out errors is to make a photocopy of the affected page and to indicate the correction on the copy. Mail this information to the CIMC, where it will be used to correct the publication before the materials are reprinted.

To ensure that the material is updated on a timely basis, notify the CIMC of necessary corrections as soon as possible after discovering the error. Do not assume that someone else will notice the error and inform the CIMC; other users may be making the same assumption. Please send corrections and recommendations for improving this publication to the following address:

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Technical Education
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BASIC SKILLS IN CURRICULUM

Since its inception in 1969, the Curriculum and Instructional Materials Center (CIMC) of the Oklahoma Department of Vocational and Technical Education has provided quality, competency-based instructional materials for vocational training programs. During this time, the CIMC has been mindful of the importance of reinforcement (and sometimes remediation) of students' academic skills as they progress through vocational training, and has always included activities in its materials to enhance and promote use of these skills.

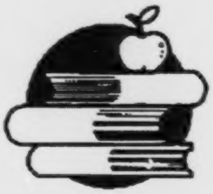
In response to changing job requirements, federal and state legislatures are enacting laws setting stringent basic skills requirements for nonvocational and vocational education. State legislatures are increasing basic skills accountability for teachers and school administrators. The recently enacted Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 (P.L. 101-392) mandates academic skills development in vocational training. In addition, business and industry are delivering the message clearly to educators that vocational competence now requires increased strength in the basic skills.

As noted earlier, it is not new for CIMC materials to contain information and activities that develop basic skills competencies in students taking vocational training. What is new is the documentation or flagging of basic skills in CIMC materials, and further enhancement of basic skills activities. To accomplish this, the CIMC has developed a "Five Point Approach to the Integration of Basic Skills into the Curriculum." Following is a brief description of this process.

I. Basic Skills Icons

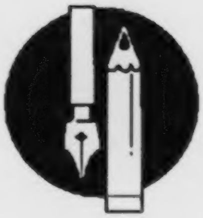
To assist teachers and students in identifying activities that promote basic skills development, the CIMC has implemented a marking system that uses simple graphic symbols, or icons, to denote which of nine general basic skill categories is being emphasized. These icons are located in the left margins of assignment, activity, and job sheets. The nine basic skill areas are as follows:

Reading Skills



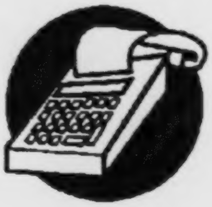
The activities identified by this icon deal specifically with developing reading skills in an applied, job-related context. These range from general information-gathering activities to tasks requiring use of specific technical reference materials.

Writing Skills



Tasks identified with this icon promote development of skills in written communication ranging in complexity from filling out forms to the written expression of ideas and concepts related to vocational exploration or performance.

Mathematics Skills



This icon identifies activities that develop vocationally related skills in computation; measurement and estimation; selection and application of appropriate mathematical process; and collecting, displaying, or interpreting data.

Science Skills

The science icon marks activities that are related to the development of skills in either the physical or biological sciences. These skills stress occupationally related applications of science and technology.

Oral Communication Skills

This icon identifies activities that promote development of effective speaking and listening skills. They include practice in such areas as speaking techniques, word choice, nonverbal messages, use of communication media, and using active listening techniques.

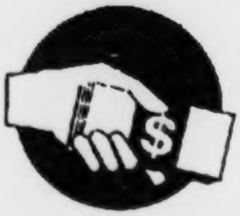
Interpersonal or Relating Skills

Activities that deal directly with skills in relating to others are marked with this icon. This includes areas such as group processes and dynamics, negotiation, dealing with conflict, and leadership/motivation.

Creative Thinking and Problem Solving Skills

This icon identifies activities that stress development of higher-order thought processes such as problem identification and analysis, lateral thinking, evaluating alternatives/outcomes, and developing solutions.

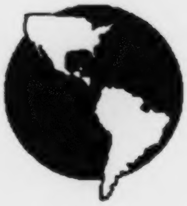
Employability Skills



Activities marked with this icon relate to competencies required to obtain employment and develop a career. These competencies include specific occupational tasks and more general items such as career planning, job search, business etiquette, and maturing in one's work environment.

Social Studies Skills

This icon is used to identify activities that stress competencies in fields relating to human society and its distribution and relationships. This includes all the social sciences such as history, economics, geography, demographics, current events, cross-cultural studies, consumer issues, environmental issues, and ethical concerns in science and technology.



Some activities in the CIMC materials develop skills in more than one of the nine basic skill areas. In cases where the relative strengths of the skill elements are clearly discernable, the icon used is the one judged to be the primary, or the most heavily emphasized, activity. When there is no clear-cut difference between importance of skill area, multiple icons are used.

II. Enablers

Once the **general** basic skill activity has been identified by an icon, the CIMC takes the process one step further by indicating the **specific** skills that are addressed in an activity. This is accomplished by using enabling skills, or "enablers."

Lists of enablers, or specific skills required for each activity, have been developed at CIMC for each of the nine basic skills areas. The enablers have been grouped into sets of related skills under each icon. The list of general skill categories under each icon is as follows:

Reading Comprehension Skills
Research and Reference Skills
Functional Reading Skills

Language Skills
Composition Skills
Research Skills
Functional Writing Skills

Operation and Calculation Skills
Math Application Skills
Data Analysis and Display Skills
Functional Math Skills

General Science Skills
Life Science Skills
Physical Science Skills
Earth Science Skills

Oral Presentation Skills
Listening Skills
Interactive Communication Skills

General Relating Skills
Teamwork/Cooperative Skills
Leadership/Influencing Skills

Enablers
Cognitive Activities Skills

Job Search/Selection Skills
Job Acquisition/Development Skills

Information Analysis Skills
Social Studies Application Skills
Functional Social Studies Skills

Applicable enablers, grouped under their general categories, are listed beneath each icon in the left-hand margin of the activity, assignment, and job sheets. For example, an exercise that requires a student to conduct library research would make necessary the use of specific reading comprehension and research and references skills. The basic skills that the exercise is promoting would be depicted in the margin as follows:

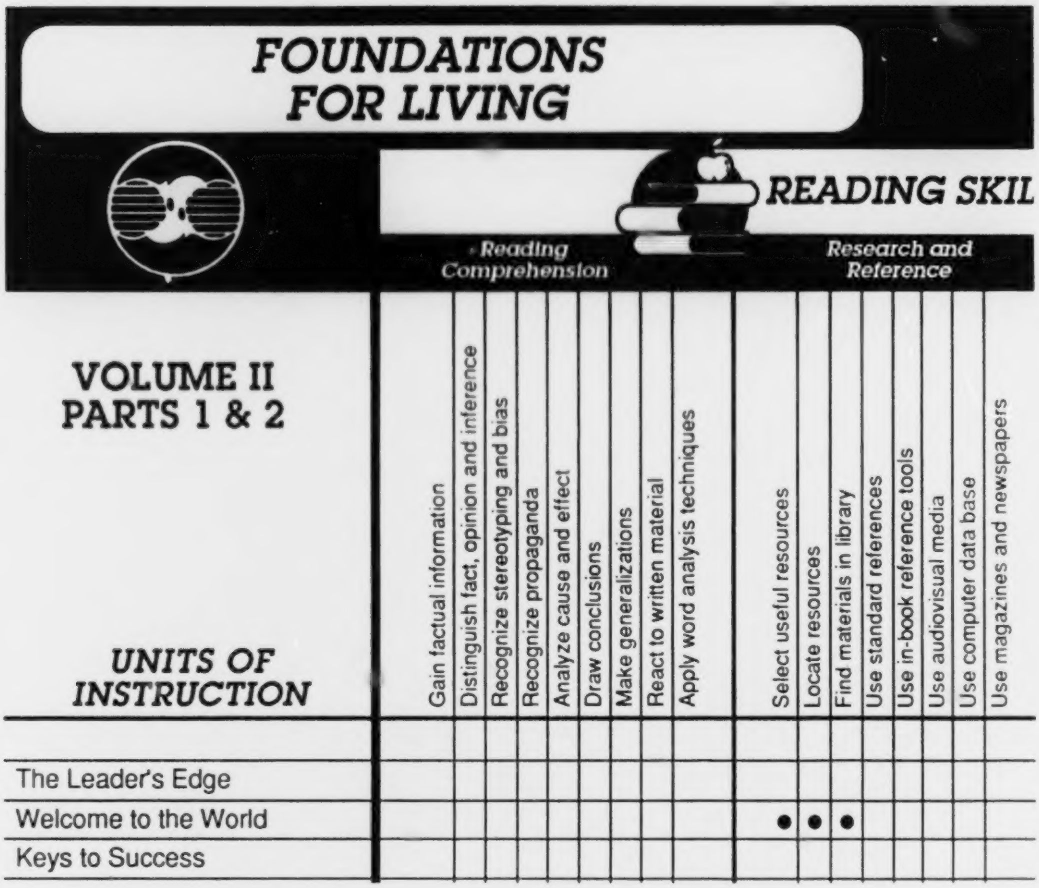
Reading Comprehension Skills
- Gain information

Research and Reference Skills
- Select useful resources
- Find materials in library

[Text]

III. Basic Skills Documentation Matrix

The third component of the CIMC basic skills instructional plan is the "Basic Skills Documentation Matrix." This attractive 22" x 34" wall hanging graphically depicts the basic skills in a CIMC curriculum guide unit by unit. It should be helpful to teachers in planning their instruction, and to administrators as documentation that basic skills are being addressed during the vocational training. Two copies of the matrix are included with each order of a teacher's book.



FOUNDATIONS FOR LIVING

READING SKIL

VOLUME II PARTS 1 & 2	Reading Comprehension									Research and Reference							
UNITS OF INSTRUCTION	Gain factual information	Distinguish fact, opinion and inference	Recognize stereotyping and bias	Recognize propaganda	Analyze cause and effect	Draw conclusions	Make generalizations	React to written material	Apply word analysis techniques	Select useful resources	Locate resources	Find materials in library	Use standard references	Use in-book reference tools	Use audiovisual media	Use computer data base	Use magazines and newspapers
The Leader's Edge																	
Welcome to the World										●	●	●					
Keys to Success																	

Matrices have been developed for most CIMC publications. For more information on those available for other programs, call CIMC Resale, 1-800-522-5810 Ext. 589 in Oklahoma, and 1-800-654-4502 in all other states.

IV. Suggested Evaluative Criteria

In some instances a "Suggested Evaluative Criteria" chart is included on assignment sheets to assist the teacher in scoring the basic skills portion of the assignment. As the title implies, these are suggestions only, and should be of use to the vocational teacher who has little experience or training in teaching or evaluating academic exercises such as composition writing. The criteria will usually appear with writing, oral presentation, or major project assignments. For example, suggested evaluative criteria given for a writing assignment would recommend number of points to be assigned for neatness of report, content, use of note cards, spelling, and grammar.

SUGGESTED
EVALUATIVE CRITERIA

1.	Note cards with proper information	10 points
2.	Bibliography	5 points
3.	Footnotes	5 points
4.	Language skills (grammar, spelling, capitalization, punctuation, complete sentences)	15 points
5.	Composition skills (topic sentences, introductory paragraph)	15 points
6.	Content	45 points
7.	Neatness of report	5 points
	TOTAL	100 points

V. Instructional Supplement

When appropriate, a "Basic Skills Instructional Supplement" is appended directly behind assignment, activity, or job sheets in the teacher's book. This supplement is a tool for the instructor to use in helping students apply the basic skills in their assignments. Some supplements are appropriate for use with all students; some are for use only with those students who do not understand the academic skills called for in the exercise. The supplement will be similar in format to the Suggested Activities portion of the CIMC materials.

BASIC SKILLS	***USE AUTOMOTIVE SERVICE REFERENCE MATERIALS*** ***I***
INSTRUCTIONAL SUPPLEMENT	Skill development for: MATHEMATICS • Introduce the assignment to the students by discussing with them the purpose of graphs. Stress the ability of graphs to represent numerical data in easy-to-read, visual format. • Use Student Supplement 3, "Interpreting Graphs," to review with students the major types of graphs and how they should be read.

The five basic skills components:

- Icons
- Enablers
- Matrix
- Suggested Evaluative Criteria
- Basic Skills Instructional Supplements

are currently being phased into CIMC publications in graduated stages. While not all publications presently contain all five components, missing components will be added as books are revised and reprinted.

Lynna Ausburn, Ph.D.
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Billie Frazier
Copy Specialist

USING THE CIMC WRITTEN TESTS AS PRETEST AND POSTTEST TO MEASURE STUDENT PERFORMANCE GAINS

When you examine this book, you will notice that separate written pretests are no longer included in the units of instruction. Each CIMC unit now contains only a single written test. This test can be used as **both** pretest and posttest by giving it once before students start a unit and again when they have completed the unit.

DOCUMENTING STUDENT PERFORMANCE GAINS

The reason for using a single instrument as both pretest and posttest is so that direct comparison of each student's competencies before and after instruction can be made accurately. This comparison enables precise calculation, documentation, and evaluation of student **performance gains**.

Accurate performance gains analysis is an important requirement of the new Carl Perkins legislation for vocational education. Teachers can make an important contribution to the performance accountability mandated by the new federal legislation by carrying out accurate performance gains analysis for their students, and making this data available to students, parents, and administrators.

This analysis is easy to do and requires only simple calculations and record keeping. The new CIMC unit tests and the instructions given here for pretest/posttest analysis are designed to help teachers keep accurate performance gains data with minimum effort.

WHY SHOULD BOTH A PRETEST AND A POSTTEST BE USED, AND WHY SHOULD THEY BE THE SAME?

It is only possible to calculate a **gain** in performance if competencies are tested **both** before and after training. The use of a pretest and a posttest gives the required "before and after" information, allowing accurate comparison of student performance before and after completing a program of instruction.

Without pretest data, it is impossible to determine how well students could have met the objectives of a program without the benefit of any instruction. It would therefore be quite possible to incorrectly interpret good student performance on a posttest as gains in ability and knowledge produced by a good instructional program when, in fact, the posttest strength might be due merely to prior knowledge on the part of students. This erroneous conclusion is avoided by use of both pretest and posttest data.

If students cannot meet the objectives of a program prior to instruction but can meet them afterward, the conclusions that performance gain has been made, and made as a result of instruction, are much more likely to be accurate.

In order to provide data which can be precisely compared, the pretest and posttest **must be identical**. This is why CIMC materials have only one test for each unit. This test is intended to be used as both pretest and posttest.

After giving the written test to all students both before and after you present a unit, you will be ready to make the calculations needed for your analysis of your students' performance gains on the unit. There are two techniques you should use for this analysis.

ANALYZING PERFORMANCE GAINS FOR GROUPS OF STUDENTS

The first step to measuring student performance gains on a unit is to examine the gains made by an **entire class or other group**.

The simplest technique for showing posttest gains for a group is to calculate **pass rates** on the unit test. Pass rates are very easy to calculate, and require a minimum of computation.

Pass rates are simple percentages; specifically, the percentage of students who answered each test question correctly.

Matching Test Questions to Objectives

To determine pass rates, the first step is to match each question on the test to a specific objective. This is easy with CIMC instructional materials, because they have clearly specified objectives.

As an example of matching test questions to objectives, look at the chart below. Here, a teacher has decided that test questions 1 and 4 test objective number 1; question 3 tests objective number 2; and test question number 2 tests objective number 3.

OBJECTIVE NUMBER	TEST QUESTION NUMBER
1	1
1	4
2	3
3	2

Calculating Pass Rates

After you have carefully cross-matched test questions and objectives, you are ready to proceed with the calculation of pass rates. You will determine a pass rate for **each test question**. Calculate pass rates with this simple formula:

$$\frac{\text{Number of students who passed the question}}{\text{Number of students in group}} \text{ X } 100 = \textbf{Pass Rate} \text{ (\% of the group that passed the question)}$$

Keep in mind that pass rates examine the performance of a **group**. They do **not** provide information about individual students.

Using a Pass Rate Chart

The best way to record, display, and analyze pass rates is in a **Pass Rate Chart**. The chart puts all data in uniform and easily read format and simplifies data analysis. The chart should include pass rates for the group on both pretest and posttest for all test questions, and should indicate which specific questions relate to each objective. It should also show pass rates for the entire test as a whole.

Completing a Pass Rate Chart

Below is an example of a Pass Rate Chart.

PASS RATE CHART

OBJECTIVE NUMBER	TEST QUESTION NUMBER	PRETEST PASS RATE	POSTTEST PASS RATE
1	1	0%	100%
1	4	2%	82%
2	3	0%	60%
3	2	4%	92%
	TOTAL TEST RATES	100-90% 0% 89-80% 0% 79-70% 0% 69-60% 0% 59-50% 0% 49- 0% 99%	100-90% 60% 89-80% 20% 79-70% 10% 69-60% 5% 59-50% 5% 49-0% 0%

By looking at the figures on the chart, you can easily see how great a difference in performance there is for the class before and after instruction. You can also see which specific objectives and/or test questions caused problems for students. The differences between pretest and posttest pass rates represent performance gains for the group of students.

To complete a Pass Rate Chart, you need to go through a simple sequence of steps and record the information on the chart. A blank Pass Rate Chart is presented on page 11. You may duplicate this chart for your personal use.

To complete a Pass Rate Chart for a CIMC unit of instruction, go through the following steps:

1. Match the test questions on the written test to specific objectives, and fill in the first two columns on the left. These columns are labeled "Objective Number" and "Test Question Number." Some objectives may have more than one test question matched to them.

2. Give the CIMC written test as a pretest, then calculate the pass rate for each test question, using the formula given on page 4. Record the pass rate for each test question in the "Pretest Pass Rate" column.

EXAMPLE:

In a class of 26 students, 3 students got a question correct. Pass rate for the question = (3 ÷ 26) X 100, or 11.5%.

3. Calculate the total test pass rates for the pretest and fill in these rates at the bottom of the "Pretest Pass Rate" column. Do this as follows:

   a. Calculate the percentage score made by each student on the pretest, using this formula:

$$\frac{\text{Number of points scored by student}}{\text{Number of points on the test}} \times 100 = \text{Percentage Score}$$

EXAMPLE:

A student earns 6 points out of a total of 75 possible on the test. The student's percentage score is (6 ÷ 75) X 100, or 8%.

b. Determine how many students earned percentage scores in each of the following score ranges:

100-90%
89-80%
79-70%
69-60%
59-50%
40-0%

c. Change the **number** of students in each score range into a **percent** of the total group, using the following formula:

$$\frac{\text{Number of students who scored in an interval}}{\text{Total number of students in group}} \times 100$$

EXAMPLE:

In a group of 32 students, 12 students scored in the interval of 59-50%. The percent of students who scored in this interval is (12 ÷ 32) X 100, or 37.5%.

4. Give the CIMC written test again as a posttest, then repeat steps 2 and 3 above. Fill in the appropriate figures in the "Posttest Pass Rate" column for each test question, and for the total test rates.

ANALYZING PERFORMANCE GAINS FOR INDIVIDUAL STUDENTS

After completing the Pass Rate Chart to analyze the performance gains for an **entire group** of students on a test, it is a good idea to calculate a measure of performance gains for **each individual** student. A simple and accurate way to do this is to calculate a **modified percentage gain score** for each student.

The modified percentage gain score for each student should be recorded in a **Modified Gain Record Chart**. This chart makes an easy reference for evaluating the gain performance of each student. A blank Modified Gain Record Chart appears on page 12. You may duplicate this chart for your personal use.

Calculating Modified Percentage Gain Scores

Modified percentage gain scores can be calculated at the top of each student's test paper. Calculate gain scores as follows:

1. Calculate the student's **Pretest Percentage**, or the percentage score the student made on the pretest. Use this formula:

$$\frac{\text{Number of points scored by student}}{\text{Number of points on the test}} \quad \text{X } 100$$

2. Subtract this percentage from 100%. The resulting figure is the **Percentage Available** to the student for improvement on the posttest.

3. Calculate the **Posttest Percentage**, or percentage score the student made on the posttest, using the formula given in step 1.

4. Subtract the **Pretest Percentage** from the **Posttest Percentage**. This figure is the **Percentage Gained** on the posttest.

5. Divide the **Percentage Gained** (step 4) by the **Percentage Available** for gain (step 2). This figure is the ***MODIFIED PERCENTAGE GAIN***. It shows what portion of the increase that was **possible** after the pretest was **actually gained** by the student on the posttest.

EXAMPLE:

As an example of the calculation of modified percentage gain scores, suppose a student made 10% on the pretest and 90% on the posttest. The calculation would be as follows:

1. The **Pretest Percentage** score of 10% was determined using the percentage formula given in step 1 on page 8.

2. **Percentage Available** to the student for improvement on the posttest:

100%
- 10% **(Pretest Percentage)**
90% **(Percentage Available)**

3. The **Posttest Percentage** of 90% was determined using the percentage formula.

4. **Percentage Gained** on the posttest:

90% **(Posttest Percentage)**
- 10% **(Pretest Percentage)**
80% **(Percentage Gained** on posttest)

5. The **MODIFIED PERCENTAGE GAIN** score:

80% **(Percentage Gained)** ÷ 90% **(Percentage Available)** X 100 = 89%

This student made a modified gain score of 89%. That means that the student earned 89% of the improvement that was possible for him/her on the posttest, based on his/her pretest score.

Using a Modified Gain Record Chart

A modified percentage gain score should be calculated for each student on each unit test. Enter the gain scores on a Modified Gains Record Chart like the one that is on page 12. (Copy this form for your own use.) By using these forms, you can easily check through the gain scores and analyze the performance gains made by your students on each unit of instruction.

If most students have made good performance gains from your instructional program, there will be a large number of high modified gain scores. This would indicate that your students are gaining from your program **most** of what they did not know before they received instruction.

****

You know how to verify gains in performance on CIMC unit tests, both for groups of students and for individual students. The procedures you have learned are based on:

- giving **pretests and posttests** which are identical
- calculating and analyzing **group pass rates** for learning objectives, for individual test questions, and for entire unit tests (Complete a Pass Rate Chart for each unit)
- calculating and analyzing **students' modified percentage gain scores** to determine their individual performance improvement (Complete a Modified Gain Record Chart for each unit)

By using these basic procedures you will gain accurate and objective information about what specific skills your students are mastering and how much they are improving as they proceed through your program. This information will be very valuable in documenting your students' achievement gains, and in increasing accountability to students, parents, administrators, and government.

PASS RATE CHART

CLASS ______________________________

TEST/UNIT TITLE______________________________

TEST DATE______________________________

OBJECTIVE NUMBER	TEST QUESTION NUMBER	PRETEST PASS RATE	POSTTEST PASS RATE
TOTAL TEST PASS RATES		100-90% ___% 89-80% ___% 79-70% ___% 69-60% ___% 59-50% ___% 49-0% ___%	100-90% ___% 89-80% ___% 79-70% ___% 69-60% ___% 59-50% ___% 49-0% ___%

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MODIFIED GAIN RECORD CHART

CLASS ______________________________

TEST/UNIT TITLE ______________________________

TEST DATE ______________________________

STUDENT'S NAME	PRETEST PERCENTAGE	POSTTEST PERCENTAGE	MODIFIED PERCENTAGE GAIN

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OBJECTIVE SHEET

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

I

INTRODUCTION

Respite care has been defined in this series of publications as the provision of temporary care to persons with disabilities, with the main purpose of providing relief to primary caregivers as well as to the client. As the trends toward deinstitutionalization and home-based care have emerged, the number of people caring for family members with special medical needs has increased. This unit contains information that will help respite care providers care for the medically challenged client who has been discharged from the hospital to go home. *Medically challenged* is defined in this publication as a person who has a primary disability that is a life-threatening or a chronic condition.

Clients with chronic health conditions, physical disabilities, or both, have a complex, interrelated set of needs. Through a deliberate and systematic review of these factors, everyone involved — the client, family, and provider — can work to meet those needs. It is important for the respite care provider to have an understanding of the client's health problem(s) because the health problem(s) may require changes in care, nutrition, activities, relationships, environment, and communication methods. This unit will discuss techniques, management, and control for care of the medically challenged client who may have disabilities that complicate the primary disability such as diabetes, hypertension, or Alzheimer's disease.

The care of medically challenged clients will also require special considerations for the respite care provider. Working in situations that are highly stressful could result in a loss of personal health — mentally and/or physically — for the respite care provider.

PREREQUISITE

Basic Respite Care

UNIT OBJECTIVE

After completing this unit, you will be able to assist with care for the medically challenged client. You will show these competencies by completing the assignment sheets and written test with a minimum of 85 percent accuracy.

SPECIFIC OBJECTIVES

After completing this unit, you will be able to:

1. Name and discuss universal precautions for health care. (Student Supplements 1 and 2)

2. Identify the symptoms, causes, and the guidelines for prevention of pressure sores.

3. Name the most common method of transmitting infections and apply guidelines for controlling the spread of infection and contagious diseases.

4. Provide information about daily care of the client with diabetes. (Student Supplement 3)

5. Provide information about daily care of the client with cancer.

6. List and discuss guidelines for daily care of the pediatric client. (Student Supplement 4)

7. Discuss guidelines for daily care of the geriatric client. (Student Supplements 5 and 6)

8. List guidelines for assisting clients who have memory loss or confusion. (Activity Sheet)

9. Use proper handwashing technique. (Job Sheet 1)

10. Move client up in bed. (Job Sheet 2)

11. Make an occupied bed. (Job Sheet 3)

12. Give a back rub. (Job Sheet 4)

13. Collect routine urine specimen. (Job Sheet 5)

14. Collect clean-catch urine specimen. (Job Sheet 6)

15. Use a pediatric collecting bag to collect a urine specimen. (Job Sheet 7)

16. Perform Clinitest. (Job Sheet 8)

17. Perform indicator tape test for sugar in urine. (Job Sheet 9)

18. Perform Acetest. (Job Sheet 10)

19. Use a reagent strip to monitor blood glucose. (Job Sheet 11)

SUGGESTED ACTIVITIES

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

I

PREPARATION

- Obtain materials to supplement unit.
  - — Samples and testing materials for Clinitest, indicator tape test, Acetest, and reagent strip test.

  NOTE: See Suggested Resources

- Review instructional outline for this unit. Modify time frames to suit class needs and plan activities for each class period.
- Put up posters, charts, and other visual aids on handwashing techniques, preventing the spread of contagious diseases, preventing decubitus ulcers, etc.

DELIVERY

- Point out to students that this unit and especially the following objectives are designed to prepare them for caring for clients with health conditions that will affect their care but may not be the condition or disability that creates the medical problem that requires specialized care. For example, a client who requires care due to memory loss may also suffer from diabetes and allergies. All conditions and disabilities must be taken into consideration when care is provided.

Objective 1: Name and discuss universal precautions for health care.

- Stress the importance of using precautions for the safety of the client and caregiver.
- Discuss how specific diseases are spread through contact with blood and/or body fluids.
- Have students read Student Supplements 1 and 2. Point out that while this information is not tested, it is important for all clients.

Objective 4: Provide information about daily care of the client with diabetes.

- Have students read Student Supplement 3 and demonstrate proper methods for monitoring blood glucose.

Objective 6: List and discuss guidelines for daily care of the pediatric client.

- Ask students to think of times they were sick, their children were sick, or other situations where they observed a sick child. Discuss what types of behaviors were observed and what emotions were expressed by the parents, caregivers, and children.

- Have students read Student Supplement 4.

- If possible, make arrangements for students to visit a hospital or other care center where children of various ages could be observed.

Objective 7: Discuss guidelines for daily care of the geriatric client.

- Ask students to think of times they have helped care for or observed the care of an elderly person. Discuss what types of behaviors were observed and what emotions were expressed by the elderly person, family members, and caregivers.

- Ask students to compare and contrast care of the pediatric client and the elderly client.

- Have students read Student Supplement 5. Discuss the common changes and how they affect the care of the elderly client.

- Have students read Student Supplement 6. Demonstrate each exercise and have students practice each exercise with a partner. Point out that range-of-motion exercises are very important for the immobile client, but must be supervised closely by appropriate personnel.

Objective 8: List guidelines for assisting clients who have memory loss or confusion.

- Ask students to bring and share articles from newspapers, magazines, etc. about people with memory loss or confusion. Students may share personal experiences where appropriate.

- Role play situations where clients may create unsafe situations because of memory loss or confusion, and discuss ways to provide information to the client and/or family.

- Point out that the respite care provider is responsible for the safety of a client and that all precautions must be taken to protect the client from situations such as wandering away, walking into a busy street, taking articles that do not belong to them, etc.

- Have students complete Activity Sheet.

APPLICATION

Objective 9: Use proper handwashing technique.

- Discuss and demonstrate procedure.

- Have students practice using Job Sheet 1.

Objective 10: Move client up in bed.

- Discuss and demonstrate procedure.

- Have students practice using Job Sheet 2.

Objective 11: Make an occupied bed.

- Discuss and demonstrate procedure.

- Have students practice using Job Sheet 3.

Objective 12: Give a back rub.

- Discuss and demonstrate procedure.

- Have students practice using Job Sheet 4.

Objective 13: Collect routine urine specimen.

- Discuss and demonstrate procedure

- Have students practice using Job Sheet 5.

Objective 14: Collect clean-catch urine specimen.

- Discuss and demonstrate procedure.

- Have students practice using Job Sheet 6.

Objective 15: Use a pediatric collecting bag to collect a urine specimen.

- Discuss and demonstrate procedure.

- Have students practice using Job Sheet 7.

Objective 16: Perform Clinitest.

- Discuss and demonstrate procedure.
- Have students practice using Job Sheet 8.

Objective 17: Perform indicator tape test for sugar in urine.

- Discuss and demonstrate procedure.
- Have students practice using Job Sheet 9.

Objective 18: Perform Acetest.

- Discuss and demonstrate procedure.
- Have students practice using Job Sheet 10.

Objective 19: Use a reagent strip to monitor blood glucose.

- Discuss and demonstrate procedure.
- Have students practice using Job Sheet 11.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify material in unit or create supplementary materials for individual students as required.

Practical Test

- Evaluate students on job sheet activities if not previously done.
- Give Practical Test.
- Evaluate student performance of procedures.
- Complete appropriate section of competency profiles.
- Reteach and retest if necessary.

- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked on the written test to demonstrate actions listed in the specific objectives.
- Evaluate students on Assignment Sheet activity if not previously done.
- Give Written Test

  NOTE: The Written Test may be given in sections if desired.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Electronic Media

- *CPR and Emergency Choking Procedures for Infants*, 37 minutes, VHS, 1988. While not intended as a replacement for CPR training and practice on an actual resuscitation doll, this video presents an excellent introduction and review.

  NOTE: This videotape is available to Oklahoma teachers from the Oklahoma Department of Vocational and Technical Education Resource Center, 1500 West Seventh Avenue, Stillwater, Oklahoma, 74047-4364. Out of state teachers may order from Learner Managed Designs, 2201 K West 25th Street, Lawrence, Kansas 66046, 913-842-9088.
- *The Miracle Man*, 30 minutes, VHS, 1985. After a 1981 plane crash, Morris Goodman was unable to speak, eat, walk, or breathe on his own. Positive thinking and motivation helped him make medical history by bravely beating the odds.

  NOTE: This videotape is available to Oklahoma teachers from the Oklahoma Department of Vocational and Technical Education Resource Center, 1500 West Seventh Avenue, Stillwater, Oklahoma, 74047-4364. Out of state teachers may order from American Media, 1454 30th Street, Des Moines, Iowa 50324, 515-278-1078.

- *Positioning for Infants and Young Children*, 30 minutes, VHS, 1988. This videotape features several parents and their children in a variety of daily activities (feeding, playing, dressing, diapering, carrying, going out of doors, traveling by car) and demonstrates recommended ways to handle and position the child.

  NOTE: This videotape is available to Oklahoma teachers from the Oklahoma Department of Vocational and Technical Education Resource Center, 1500 West Seventh Avenue, Stillwater, Oklahoma, 74047-4364. Out of state teachers may order from Learner Managed Designs, 2201 K West 25th Street, Lawrence, Kansas 66046, 913-842-9088.

Human Resources

- Administration of Aging, Department of Health and Human Services, 330 Independence Avenue SW, Washington, D.C. 20201, 202-619-0724.

- Alzheimer's Association, 919 N. Michigan Avenue, Suite 1000, Chicago, Illinois 60611, 800-272-3900.

  NOTE: Ask about local support groups.

- American Association of Homes for the Aging, 1129 20th St. NW, Suite 400, Washington, D.C. 20036, 202-296-5960 extension 03.

- American Association of Retired Persons, 601 E St. NW, Washington, D.C. 20049, 202-434-2277

- American Cancer Society, Oklahoma Division, 3000 United Founders Building, Oklahoma City, Oklahoma 73112, 405-843-9888.

  NOTE: Out of state teachers may write to the American Cancer Society, 777 Third Avenue, New York, New York 10017.

- American Health Care Association, 1201 L Street NW, Washington, DC 20005, 202-842-4444.

- American Society on Aging, 833 Market Street, Suite 512, San Francisco, California 94123, 405-543-2617.

- Arthritis Foundation, Eastern Oklahoma Chapter, 4520 S. Harvard Suite 100, Tulsa, OK 74135, 800-400-4526.

  NOTE: Offers an arthritis self-help course using a textbook called *The Arthritis Helpbook*.

- Centers for Disease Control, National AIDS Clearinghouse, P.O. Box 6003, Rockville, Maryland 20849-6003, 800-458-5231.

- Children of Aging Parents (CAPS), Woodbourne Office Campus, Suite 302A, Levittown, Pennsylvania 19057, 215-945-6900.

- Cystic Fibrosis Foundation, 6931 Arlington Road, Bethesda, Maryland 20814, 800-344-4823 (800-FIGHT-CF).

- Foundation for Hospice and Home Care, 519 C Street NE, Washington, D.C. 20002, 202-547-6586.

- Gray Panthers, 1424 16th Street NW, Suite 602, Washington, D.C. 20035, 202-387-3111.

- National Association for Home Care, 519 C Street NE, Washington, D.C. 20002, 202-547-7424.

- National Cancer Institute, Office of Cancer Communications, 9000 Rockville Pike, Building 31, Room 10A29, Bethesda, Maryland 20014, 301-496-4000.

- National Council of Senior Citizens, 1331 F Street NW, Washington, D.C. 20004-1171, 202-347-8800.

- National Council on the Aging, Inc., 409 3rd Street SW, Washington, D.C. 20024, 202-479-1200.

- National Rehabilitation Information Center (NARIC), 8455 Colesville Road, Suite 935, Silver Spring, Maryland 20910, 800-346-2742 (800-34-NARIC).

- National Senior Citizens Law Center, 1815 H Street NW, Suite 700, Washington, D.C. 20006, 202-887-5280.

- The Older Women's League (OWL), 666 11th Street NW, Suite 700 Washington, D.C. 20001, 202-783-6686.

  NOTE: Contact the above agencies, advocacy groups, and companies for pamphlets, bulletins, films, filmstrips, and other materials that would be beneficial for students' use.

Print Media

- Brady, Barbara, and Sue Nesbitt. "Using the Right Touch." *Nursing91*, May, 1991.

- Gies, Ken, and Raymond Tremblay. "Farmer Fred." *Geriatric Nursing*, September/October 1991.

- Grau, Pamela. "Are You at Risk for Hepatitis B?" *Nursing91*, March 1991.
- Larson, Georgianna, ed. *Managing the School Age Child With a Chronic Health Condition*. DCI Publishing, Wayzata, Minnesota, 1988.
- Spinetta, John J., and Patricia Deasy-Spinetta. *Emotional Aspects of Life-Threatening Illness in Children: A Handbook for Parents*, rev. ed. Cystic Fibrosis Foundation: Bethesda, Maryland, 1980.

UNIT REFERENCES

- Ellis, Janice Rider, Elizabeth Ann Nowlis, and Patricia M. Bentz. *Basic Nursing Skills*, 4th ed. Boston: Houghton Mifflin Company, 1988.
- Kleinberg, Susan, ed. *Alternatives to Hospital Care for Respiratory Disabled Children: A Comprehensive Resource Index*. Millersville, Maryland: Coordinating Center for Home and Community Care, Inc., 1985.
- Larson, Georgianna, ed. *Managing the School Age Child With a Chronic Health Condition*. Wayzata, Minnesota: DCI Publishing, 1988.
- "Recommendations for Prevention of HIV Transmission in Health-Care Settings." *Morbidity and Mortality Weekly Report*, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control: Atlanta, Georgia, August 21, 1987.
- Sloan, Jamee Reid. *Practical Nursing* vol. I. Stillwater, Oklahoma: Oklahoma Department of Vocational and Technical Education, 1981.
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- Sloan, Jamee Reid. *Practical Nursing* vol. III. Stillwater, Oklahoma: Oklahoma Department of Vocational and Technical Education, 1984.
- Sorrentino, Sheila A. *Mosby's Textbook for Nursing Assistants,* 2nd ed. St. Louis: C.V. Mosby Company, 1987.

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

OBJECTIVE 1

Name and discuss universal precautions for health care.

The threat of AIDS (Acquired Immune Deficiency Syndrome) has made many people more aware of how diseases are spread. Illnesses such as hepatitis, tuberculosis, measles, chicken pox, and mumps can be contracted or spread through contact with blood and/or other body fluids.

Body fluids include

- blood
- feces
- urine
- saliva
- vomitus
- semen
- nasal discharge
- fluids from scrapes or cuts

Because of the possibility of exposure to body fluids when caring for medically challenged clients, ***universal precautions*** are recommended for all clients, family, and providers. Universal precautions mean you should avoid contact with the body fluids of all persons. As a health care worker, universal precautions are important when working with medically challenged clients because you must protect yourself, your clients, and other people you come in contact with from the spread of infectious diseases. The Centers for Disease Control (CDC) recommend that health care workers take body fluid precautions with *all* clients.

Universal precautions

The CDC specifically recommends that all health care workers follow these guidelines:

1. Use **barrier precautions** to prevent skin and mucous membrane exposure to body fluids.

    - Wear gloves when touching body fluids, mucous membranes, or broken skin of all clients, or when handling items or surfaces soiled with body fluids.

    - Use masks, protective eye wear or face shields, and gowns or aprons to prevent exposure to mucous membranes of the mouth, nose, and eyes during procedures that may cause splattering of blood or other body fluids.

2. Wash hands and other skin surfaces immediately and thoroughly if they become contaminated with blood or other body fluids. Wash your hands immediately after removing gloves.

3. Take care to prevent injuries from needles and other sharp instruments. Be especially careful when performing procedures, cleaning used instruments, disposing of used needles, and handling sharp instruments after procedures.

    - To prevent needle-stick injuries, do not recap, bend, or break needles; do not remove them from disposable syringes or otherwise manipulate them by hand.

    - Put used disposable syringes, needles, and other sharp items in puncture-resistant containers for disposal. (Place the puncture-resistant containers as close as practical to the area where they will be needed.) Put large-bore reusable needles in a puncture-resistant container for transport to the reprocessing area. For safety at home, a covered coffee can may be used as a container for sharp items.

4. Store mouthpieces, resuscitation bags, and other ventilation devices in areas where the need for resuscitation is predictable. This will help minimize the need for emergency mouth-to-mouth resuscitation. (Saliva has not been implicated in HIV transmission, but is capable of transmitting other diseases.)

5. Health-care workers who have open lesions or weeping dermatitis should not care for clients or handle equipment until their condition is resolved.

You should wear gloves when you anticipate direct hand contact with body fluids, such as when treating open cuts or bloody noses, cleaning an incontinent client, or cleaning spills. Dispose of gloves by putting them in a plastic bag or lined trash can. Discard trash at least once a day.

When possible, avoid direct contact with body fluids. Unanticipated skin contact with body fluids may occur in situations where gloves are not immediately available, such as applying pressure to a bleeding injury, wiping a runny nose, or administering CPR. In these situations you should wash your hands and other affected skin areas as soon as possible after direct contact. Use gloves to handle clothing and other nondisposable items that are soaked with body fluids. Use normal washing and drying procedures to clean your clothes.

Preventing pressure sores

- Help client change positions frequently, **at least every two hours**
- Assist client with exercise or activity as indicated in care plan
- Provide padding under bony prominences

  EXAMPLES: Lambskin pads, pillows, special mattresses

  NOTE: Do not rely solely on special mattresses or other devices to prevent formation of pressure sores. Such devices help, but they should be **in addition to turning the client frequently.**

- Be sure bedding is clean and wrinkle-free
- Have client wear nonrestrictive clothing
- Provide good nutrition for client
- Keep client's skin clean and dry
- Check client's skin for reddened areas
- Massage any red areas gently to stimulate circulation, especially bony areas such as shoulders, tailbone, elbows, and heels

OBJECTIVE 3 **Name the most common method of transmitting infections and apply guidelines for controlling the spread of infection and contagious diseases.**

Unwashed hands are the most common means of transmitting infection, either directly or indirectly, from one person to another. Probably the simplest and most overlooked method of preventing the spread of communicable diseases is good handwashing technique.

Think about all the different objects and surfaces your hands touched this morning: the alarm clock, bedding, doorknobs, drawers, clothing, shoes and socks, your hair, makeup, razor, toothbrush, dishes . . . the list goes on and on. Now think of other people you touched. Did you comb your child's hair? Did you help someone get dressed? Did you kiss or hug someone goodbye? Did you pet your cat or dog this morning?

After all the objects you touched, how many times did you wash your hands? How many of those objects carried germs from the last time you used them? How many of those objects that you touched had been touched by someone else and would be touched after you had used them?

It is impossible to keep your family and surroundings free of germs. Every object and surface and person you touch is a *reservoir*—a mode of transfer or entry for the microorganisms dropped off or picked up by your hands. Your hands are almost always in contact with microorganisms. Your hands are the means by which pathogens or disease-causing germs are most often transferred to and from one person to another, as well as from one body part to another. Regular handwashing can break the links of the infectious process chain.

Handwashing basics

There are two basic components of effective handwashing: *friction* and *rinsing*. Friction consists of rubbing all the surfaces of the hands and wrists, the backs of the hands, and between the fingers, with soap. You should use an antibacterial soap, if possible.

Soapy hands should be rinsed under running water flowing down from the wrist area toward the fingertips. This prevents dirty water from recontaminating already clean areas of the hands. You should never rinse your hands in a sink of standing water; standing water acts as a reservoir for the same germs you are trying to wash away.

Dry your hands with a clean paper towel—cloth towels that are used more than once spread microorganisms. Because the sink and faucets are considered "contaminated," avoid touching them with clean hands. Use a dry paper towel to turn off the faucet after you have dried your hands.

Some situations require extra care in handwashing. You will need to be particularly cautious about washing your hands in the following situations:

- Whenever performing a service for a client where body or blood/body fluid contact occurs
- After handling the client's personal articles
- Before and after food preparation
- Before and after eating
- After using a handkerchief or tissue
- After using the toilet

Controlling the growth of microorganisms

Another good defense against the spread of microorganisms is to deny them the conditions necessary for growth: temperature, moisture, oxygen, and amount of light. Unchecked, microorganisms can grow and multiply at an amazing rate. Room and body temperatures are ideal for bacterial growth—they reproduce best at temperatures ranging from 40° to 160° F (5° to 70° C).

Many microbes grow quickly in warm, moist areas with a good oxygen supply, such as warm food (especially poultry) or warm, damp areas (such as the bathroom or under the kitchen sink). Prompt refrigeration and good housecleaning methods, including the use of disinfectant, will destroy those same conditions necessary for growth.

Some bacteria grow best in the dark and without oxygen. One type is botulism, which is often found in food cans with bulging sides. Lack of sufficient heat in the canning process promotes the conditions needed for the botulism to thrive.

The chain of infection

It is usually easier to prevent a communicable disease than to limit, treat, and cure it once it occurs. Infection is spread by a specific chain of events. If you can break one of the links in the chain, you can stop microorganisms from spreading infection.

Links in the chain

- Causative agent
    - Fungus
    - Virus
    - Bacteria
    - Protozoa
- Reservoir (storage site)
    - People animals, and plants
    - Water, food, and soil
    - Clothing
    - Environmental surfaces: floors, countertops, bed linens, etc.

- Mode of escape (ways disease can leave the reservoir)
    - Feces and urine
    - Saliva
    - Mucus from nose and throat
    - Skin lesions
    - Animal excreta
    - Pus or discharge from any body opening
    - Perspiration and tears
    - Semen
    - Blood

- Mode of transfer (ways disease can transfer by direct contact)
    - Hands of others and hands of self
    - Environmental surfaces
    - Polluted water and food
    - Flies and other insects
    - Coughing and sneezing
    - Kissing and sexual intercourse
    - Bites and scratches

- Mode of entry (ways disease can enter the new host)
    - Inhaling droplets, spray, contaminated air, etc.
    - Eating contaminated food
    - Drinking contaminated water
    - Absorption through the skin
    - Body openings: mouth, ears, nose, vagina, rectum
    - Touching hands to mouth
    - Breaks in the skin

- Susceptible host
    - People
    - Animals
    - Insects
    - Birds
    - Plants

Breaking the chain

To prevent the spread of infectious or communicable disease, you need to break the links in the infectious process chain. If there are any breaks in the infectious process chain, infection will not take place. There are almost as many ways to break the chain as there are diseases.

EXAMPLES:

Link:	**Broken by:**
Susceptible host Transfer	Polio and measles vaccines
Transfer	Use of disposable cups and tissues
Susceptible host	Eating regular, balanced meals and getting enough sleep
Reservoir	Keeping foods refrigerated at 40° F or below so that microbes cannot grow
Transfer	Staying home when you are not well to avoid giving your "bug" to others

Because many of the clients that you are working with are quite susceptible to disease and infection, be very cautious in accepting assignments to work with other clients who are medically challenged. You do not want to be responsible for spreading disease to other clients.

Keep clients with signs or symptoms of contagious disease at home until they are fully recovered. Check the client's temperature, pulse, and respiration, and examine the body for rashes, skin eruptions, etc. Notify the client's physician if you notice any signs of infectious disease. Document all of the doctor's recommendations on the care plan and notify the primary caregiver.

Signs and symptoms

- Red or running eyes
- Sneezing or nasal discharge
- Cough, especially if persistent or productive
- Sores or crusts on the ears, scalp, face, or body, especially if red and swollen or draining
- Any skin eruption or rash
- Sore throat
- Swelling and tenderness of glands in the face, neck, or genital area
- Fever, suggested by hot, flushed face

- Nausea and/or vomiting
- Pain and stiffness of neck
- Headache
- Jaundice (yellowness of whites of eyes and/or skin)
- Diarrhea and/or persistent abdominal pain
- Change of behavior, especially in nonverbal persons

If any of the above signs or symptoms of contagious disease occurs while on a public outing, the client should return home immediately.

OBJECTIVE 4 **Provide information about daily care of the client with diabetes.**

Diabetes mellitus is a chronic health condition which results from the body's inability to use sugar properly.

Signs and symptoms of diabetes mellitus include:

- Increased urine production
- Increased thirst
- Increased hunger
- Weight loss

Uncontrolled diabetes can have serious consequences. Some complications of uncontrolled diabetes are:

- Blindness
- Kidney damage
- Nerve damage
- Circulatory disorders

NOTE: Circulatory disorders can lead to a stroke, heart attack, and slow healing of wounds. Foot and leg wounds are especially serious; good foot care is a necessity.

There are two types of diabetes.

Type I (or *insulin-dependent*) diabetes mellitus

Type I is a complete or nearly complete lack of insulin production from cells in the pancreas. Clients with Type I diabetes require daily insulin injections. When insulin levels are deficient, the body is unable to use and store glucose, a form of sugar. Protein and fat must then be used as energy sources. One of the outcomes of the use of fat as an energy source is the production of acids called ketones. An excess of ketone bodies in the blood is called diabetic ketoacidosis, and can result in diabetic coma and death.

NOTE: Diabetes diagnosed under the age of 15 used to be called *juvenile diabetes*. This has been reclassified as *insulin-dependent diabetes mellitus*, or *Type I diabetes*.

Guidelines for treatment of insulin-dependent diabetes mellitus

- Make sure client takes proper insulin dosages daily
- Make sure client follows a prescribed diet
- Have client eat at regular intervals
- Encourage regular exercise and activity

  NOTE: Diabetes can be a manipulative disease for adolescents regarding diet and exercise. Follow the family's lead in handling such situations.

Type II (or *non-insulin-dependent*) diabetes

Non-insulin dependent diabetes usually can be managed by weight control or weight loss. With weight loss, these persons may again have normal blood sugar levels.

Caring for the diabetic client

Care of the diabetic client requires an understanding of the balance of food, time, and activity. You will need to read the care plan and follow instructions about meal plans. Meal plans may be described in terms of exchanges, points, or low sugar. These plans generally follow guidelines recommended by the American Diabetes Association. Consistency in amounts and timing of meals is crucial: insulin dosages are based on the meal plan and the client's individual needs.

The following conditions may also occur with diabetes and may require action by the respite care provider.

Hypoglycemia

Hypoglycemia, *insulin shock*, and *insulin reaction* are different names for the same condition — low blood glucose. Hypoglycemia may develop if a client gets too much insulin, too little food, becomes stressed, or has fluctuations in amount of exercise. When the blood glucose drops, the brain does not receive enough glucose and sends out warning signals. These symptoms are the body's way of telling a person that the amount of glucose in the blood is dropping or has dropped.

Reactions usually appear quickly. They occur most frequently before meals, during or after exercise, and at peak action time of the insulin.

Causes

- Too much insulin
- Not enough food
- Too much exercise

Signs and symptoms

- Excessive perspiration
- Faintness
- Hunger
- Headache
- Rapid heartbeat
- Weak/trembling feeling
- Vision difficulties
- Irritability
- Paleness
- Numbness or tingling of the lips
- Poor coordination
- Confusion
- Low blood pressure

Emergency treatment for hypoglycemia

- Give sugar, juice containing sugar, candy treatment
- Notify doctor
- Stop all diabetic medication until further orders from the doctor

NOTE: Children may be able to recognize their own symptoms and seek the necessary treatment. Often arrangements are made for children in school to have a snack using foods included in the child's meal plan. Young children and older children who have reactions that include confusion, irritability, and poor coordination may need help in recognizing warning signals. The facility should have plans to teach other children as well as staff to recognize the warning signals and seek appropriate help immediately.

Hyperglycemia

Hyperglycemia is another word for high blood sugar, which is present in undetected, untreated or poorly regulated diabetes. Hyperglycemia occurs less frequently and is slower to develop than hypoglycemia.

Causes of hyperglycemia

Hyperglycemia develops when there is not enough insulin in the blood to allow glucose to be used for energy. The body then must rely on fat for energy. When the body uses too much fat for energy, that fat cannot be broken down completely by the liver. Acids called *ketones* are formed. At the same time, the high blood glucose leads to high urine glucose and loss of large amounts of body fluid and minerals. Excessive blood glucose over a period of time can lead to *ketoacidosis*, a buildup of acids in the body fluids.

Signs and symptoms

- Abdominal pain
- Nausea
- Vomiting
- Blurred vision
- Thirst and dry mouth
- Frequent urination

  NOTE: The client will be spilling sugar and possibly acetone in the urine.

- Weight loss
- Fatigue

Emergency treatment for hyperglycemia

NOTE: Untreated hyperglycemia could result in coma.

- Verify that the client is having the symptoms of hyperglycemia.
- Test urine for ketones, a sign of ketoacidosis
- Call the doctor if any of the following signs are present:
  - Moderate to large amounts of ketones in the urine and high blood glucose levels
  - Severe nausea
  - Vomiting
  - Abdominal pain
  - Rapid breathing

Diabetic coma

A diabetic coma develops if a client does not get enough insulin. The signs and symptoms of a diabetic coma are:

- Weak, tired, and drowsy feeling
- Stomach pains

- Body aches
- Dry mouth
- Flushed, dry skin
- Fruity odor on breath
- Vomiting
- Deep-labored breathing
- Low blood pressure

Emergency treatment

- Call a doctor at once to get instructions
- Follow instructions
- Get client to hospital
- Keep client warm
- Give client hot fluids by mouth, **without sugar**

Dietary management of diabetes

Hypoglycemia

- Associated with insulin-dependent diabetes
- Treatment: sugar that can be quickly absorbed, candy, one-half to two cups of orange juice or ginger ale.

Hyperglycemia

- Treatment: Evaluation of diet and medication

  NOTE: Some children, either accidentally or deliberately, forget their insulin. Monitor the child to ensure that insulin is received on time. Note observations in the care plan; alert the family if problems persist.

- Foods to avoid

  Eliminate sugar from the diet, including syrups, honey, sweetened sauces, jellies, jams, marmalade, cranberry sauce, candy, ice cream, cake, pies, puddings, gelatin. Avoid also any beverages, cereals, fruits, or vegetables with sugar added.

  NOTE: Diets based on the use of Exchange Lists set up by the American Diabetes Association and the American Dietetic Association will provide a healthy diet for the client with diabetes. Be sure to follow your client's care plan and recommended diet.

WARNING: Failure to follow the care plan and specific instructions for the client could be extremely dangerous. Children, especially young adolescents, may try to convince the care provider that eating forbidden foods is acceptable. Children will tell very convincing stories about special rewards, special diets, etc. that are allowed while you are on duty. Discuss this possibility with the family and follow their instructions. If in doubt, call the physician for specific information.

OBJECTIVE 5 **Provide information about daily care of the client with cancer.**

Cancer involves a new growth of abnormal cells. When these cells grow, masses are formed. These masses are called *tumors*. Tumors can be *benign* or *malignant*. Benign tumors do not invade other tissues. Malignant tumors will invade other tissues and can cause death if not diagnosed and treated early. Cancer is found in people at all ages and is a principal cause of death in children. Nearly one-half of all cancers can be cured if diagnosed early; others can be treated and controlled.

Cancer is not contagious. Although the causes of cancer have not definitely been identified, it appears that certain factors contribute to its development. Those factors include a family history of cancer, exposure to radiation or certain chemicals, smoking, alcohol, certain sexual practices, and viruses. Smoking, for example, outweighs all other factors as a possible cause of lung cancer.

The American Cancer Society has identified seven early warning signs of cancer:

1. A change in bowel or bladder habits
2. A sore that does not heal
3. Unusual bleeding or discharge from a body opening
4. A lump or thickening in the breast or elsewhere in the body
5. Difficulty swallowing or indigestion
6. An obvious change in a wart or mole
7. Nagging cough or hoarseness

Cancer can affect all parts of the body. The leading types of cancer causing death in men are:

- Lung
- Colon
- Rectal and prostate cancer

Leading types of cancer causing death in women are:

- Breast
- Colon
- Rectal
- Lung

The most common types of cancer in children are:

- Leukemia (cancer of the blood)
- Lymphoma (affects the lymph glands)
- Wilms' tumor (affects the kidneys)
- Osteogenic sarcoma (malignant bone cancer)
- Neuroblastoma (solid tumor usually found in the abdomen)
- Brain tumor

Treatment

Treatment usually consists of surgery, chemotherapy, and radiotherapy, either alone or in combination. Treatment used depends on the type of tumor, its location, and if it has spread. Treatment may take place over a period of weeks or months.

- Surgery

  Surgery involves removing the malignant tissue. It is done to cure cancer or to relieve pain. Radical surgery (the removal of the tumor itself, surrounding tissue, skin lymph nodes, and blood vessels) may result in disfigurement. Clients who have radical surgery may fear rejection because of the disfigurement. They may also grieve for the loss of a body part such as a limb or loss of a normal body function such as voice or bladder or bowel control.

- Chemotherapy

  Chemotherapy involves giving drugs that kill the abnormal cells. Normal cells are also killed when using chemotherapy. The drugs may be given orally or intravenously. For some clients the chemotherapy will cure the cancer; for others, it can prolong life and relieve pain. Chemotherapy often has side effects such as nausea, vomiting, diarrhea, fatigue, loss of hair. These side effects will require special consideration from you when providing care for the client.

- Radiotherapy

  Radiotherapy treats localized areas of the body with radiation. The treatment interferes with normal functions and makes it difficult for cells to multiply and grow. Radiotherapy destroys cancerous and normal cells, but normal cells grow back. Radiation can cure certain cancers. In other cancers, radiation can relieve or prevent pain by controlling growth of the tumor. Side effects, however, can develop; and the client may feel more tired than usual. Although treatments are not painful, they may last for several weeks and require special skin care for the client.

Client concern

For many clients, their biggest fear is not the fear of death. Their main concern is the fear of suffering and pain. The use of drugs to control pain — type of drug, amount, and administration route — will be carefully planned.

Your role in alleviating that concern will be to administer medication as prescribed and to deal with the side effects of treatment. You will need to observe and document when a client is in pain and the effectiveness of the medication. This information will be important to health professionals planning the client's care.

Provider responsibilities

The client and family will receive special instructions about the client's care. Review those instructions carefully. Clients with cancer will have many needs for you to consider when providing care.

- Administer medication as prescribed
- Deal with the side effects of treatment (such as constipation caused by medications and diarrhea caused by chemotherapy)
- Meet client's nutrition needs
- Prevent skin breakdown
- Prevent bowel elimination problems
- Allow adequate rest and exercise
- Help clients and their families understand client's care and treatment

- Help clients and families understand the effects that the care and treatment have on their lives
- Help client establish new routines and adjust to limitations
- Encourage as normal a life as possible for the client
- Help clients maintain dignity and self-respect throughout illness

NOTE: Clients are concerned with body image, body functions, pain, death, and their loved ones' reactions to their illness. You can support clients by encouraging them to work through their feelings and by helping them adjust to body changes.
As the respite care provider, you will become involved in the life of a family and client who will require emotional support. You will develop feelings of grief and despair for the client and family, but your feelings should not add to the stress of the family. You will need to develop a sympathetic, but professional attitude that will allow you to continue support of the family and client.

OBJECTIVE 6

List and discuss guidelines for daily care of the pediatric client.

The physical and emotional needs of children are the same everywhere. To be physically strong and healthy a child needs nutritious food; activity; exercise; age-appropriate tasks; and protection from danger, injury, and infection. To be healthy and strong emotionally a child needs love, security and trust, discipline, knowledge, acceptance, encouragement, and opportunities to experience life and grow toward independence.

Children may react to stress in a variety of ways. Children who are ill themselves or who see a parent ill may think that their security is being threatened. They may exhibit typical expressions of fear and anxiety. Children in the same age group or even in the same family may have different reactions and express their feelings differently. Remember that each child is an individual. Recognize the problems and deal with each one on an individual basis.

Changes in behavior

You should anticipate the following typical changes:

- Withdrawal, nonverbalized fear and anxiety
- Aggressive acting-out behavior
- Rigid obedience and great efforts to please
- Nightmares
- Fear of the dark
- Fear of parent(s) going away

Guidelines for working with children

- At your first visit, introduce yourself to the child with a brief explanation about who you are and why you will be visiting in the home. If there are more children in the home, be sure to include them in your introduction and conversation.

- Follow established routines as much as possible. The fewer changes there are, the better the child will feel about the situation. Change routines only with the permission of the parents.

- When disciplining young clients, give structure and guidance. Put limits on behavior. Use effective behavior management techniques.

  NOTE: It is difficult to discipline and be firm with the child who is ill, but the child still must have structure and guidance when confined with an illness.

- Give encouragement and praise often.

- Encourage play and exercise as allowed.

- Make positive suggestions and allow for suitable choices instead of saying "No".

  NOTE: Offer choices only when a suitable choice is available. For example, you may offer the child a choice of taking a pill with milk or juice, if appropriate. **Do not** offer the child a choice of taking or not taking medicine.

- Listen to the child and answer questions as honestly as possible.

- Offer comfort to the child who is in pain or who is emotionally upset.

- Make mealtimes fun, discussing things of interest to the child.

Common effects of illness on infants and children

Physical growth and development

- Long, severe illnesses may stunt physical growth or cause metabolic disturbances.

- Most illnesses are accompanied by a temporary loss of weight (may become a problem to be monitored closely, depending on illness).

- Muscles lose tone and strength due to inactivity.
- Illness may cause permanent damage.

Emotional behavior

- Child may become irritable and subject to distress or anxiety.
- Children may demand special attention.
- Lack of social relationships may delay emotional growth.

Social behavior

- Constant attention may cause child to develop an unhealthy attitude concerning own importance.
- Lack of stimulation promotes apathy.
- Lack of social relationships may delay social skills; provide opportunities for child to socialize.

  NOTE: Children need to perfect social skills even when ill.

Physical ability and activity

- Restriction may frustrate child.
- Prolonged restriction of activity slows physical maturation.

Personality

- Chronic or severe illnesses or injuries may damage personality formation.
- Illnesses that prevent stimulation may cause child to be withdrawn or passive.

OBJECTIVE 7 **Discuss guidelines for daily care of the geriatric client.**

Care needed by a client will depend on the types of illness or disability and also on the age of the client. Normal changes in body structure and function during the aging process do not necessarily mean illness. Aging is a normal process. Competent geriatric care is built on an understanding of the normal aging process and of the developmental tasks faced in the later adult years.

General characteristics of aging, the final phase in the life cycle, include physical and mental changes and emotional adjustments. In addition to physiological, psychological, and sociological changes, characteristics of aging also include lower functional efficiency, lower capacity to compensate, and lower ability to recover from acute stress.

Physical changes

Physical changes are a normal part of the aging process and occur in all individuals. Many changes are gradual and may go unnoticed for long periods of time.

- Slowing of the metabolic process
- Slower reflexes
- Poor circulation
- Sensory change
- Drier and less-sensitive skin
- Loss of teeth
- Loss of balance
- Nutritional problems

Mental changes

Mental changes may occur primarily as a result of medications, trauma, thickening of the artery walls, or changes in brain tissue.

- Memory lapses
- Disorientation
- Irritability

Emotional changes

Both physical changes and mental changes have an emotional impact on clients. These changes require adjustments in lifestyle and may cause emotional problems for the client who is growing older and more isolated from society.

- Positive self-esteem

  EXAMPLES:

  — Ability to see one's life as worthwhile
  — Contentment with outcome, leading to reconciliation
  — Ability to face death

- Low self-esteem

  EXAMPLES:

  — Lack of value in life
  — Feeling that goals have not been achieved
  — Fear of death
  — Loss of physical and/or mental function
  — Social isolation

- Loss of role

  EXAMPLES:

  — Forced retirement and loss of productivity
  — Need for meaningful, productive work, not trivial hobbies
  — Difficulty in finding work substitute due to lack of social roles for elderly

  — Too much leisure time, leading to feelings of guilt and boredom

  — Diminished role as parent (children are grown, often distant), leading to feelings of uselessness, alienation, and isolation

- Economic concerns

  EXAMPLES:

  — Limited/fixed income
  — Inflation
  — Increased medical costs

- Dependency

  EXAMPLES:

  — Decreased ability to adapt, causing frustration, helplessness, and anxiety
  — Inability to stay in familiar environment and keep familiar possessions; change in lifestyle

- Inability to drive, leading to dependency on others for transportation needs
- Financial dependency, unable to pay one's own way
- Physical limitations

- Loneliness

  EXAMPLES:

  - Death of spouse
  - Living alone
  - Loss of contact with co-workers
  - Physical and emotional distance of generations
  - Difficulties with travel
  - Inability to entertain oneself as in former ways

- Positive attitude

  EXAMPLES:

  - Retired, no need to work
  - More leisure time
  - Feeling that being self-indulgent is all right now
  - Well-developed coping skills
  - Adjusting to the physical changes of aging as normal and expected

- Negative attitude

  EXAMPLES:

  - Fewer family and friends
  - Rapidly changing world
  - Feeling of being a burden, not needed

- Disengagement, whether self-imposed or imposed by society

  EXAMPLES:

  - Shift from active to passive role
  - Decreased involvement with outside
  - Preoccupation with self

Guidelines for preventing nutritional problems

Older persons may not eat properly for a variety of reasons such as loss of appetite, difficulty in eating, or lack of money. Older persons generally require fewer calories than younger persons, but their diets must include essential nutrients to maintain energy and good health.

Factor	Possible caretaker action
Loneliness	Have client share meal time with others
Decreased sense of taste and smell	Serve meals that look, taste, and smell good
	Provide mouth care, particularly at meal time, to allow client to taste and enjoy food more
Loss of appetite	Serve several small, quality meals high in protein
Fatigue	Have client rest before meals to increase appetite
Constipation	Increase amount of fluids and fiber in client's diet
Difficulty in chewing	Use tender cooked meats, fish, eggs, cheese, legumes
Pain	Serve food when pain medication is most effective
Nausea	Advise client to eat slowly
	Serve frequent small, cold meals
	NOTE: Hot food usually has odors

Guidelines for meeting changing nutritional needs

Eating and food habits develop over several years. Nutritional needs change as a person ages, but the client's eating habits may not have changed. Older adults need fewer calories and less sugar and fluids. They need more polyunsaturated fats, protein, and roughage. The client may have eaten sweets, convenience foods, and animal fats for years. The client may also be dependent on laxatives.

Factor	Possible caretaker action
Need for decreased calories	Limit "empty" calories
Need for decreased sugar	Limit concentrated sweets; give starches instead

Need for polyunsaturated fats	Decrease number of eggs, amount of whole milk and animal fats
Need for increased protein	Use protein supplement Add powdered milk to foods
Need for decreased water intake	Limit fluids due to incontinence, but offer sips frequently
Need for increased roughage	Serve foods high in fiber; limit laxatives

Guidelines for health education

As a respite care provider, you play an important role in helping an ill client to remain at home near family and friends and to maintain as much independence as possible. You will want to help with health education for the client and/or family.

- Teach clients new ways — within their capabilities — to care for their own activities of daily living.
- Make your efforts at health education appropriate for your client. For example, an explanation of the physiological effects of diabetes may be significant for persons with newly diagnosed cases, but an older person who tends to be confused or has a poor memory may not have long-range benefit from the explanation. Instead, you may need to reinforce dietary information or make sure that client retains the most important information required for self-care. Leave notes or signs to remind the client when to take medication, where items are located ("Milk is in here"), or daily tasks to perform ("Lock doors when you go to bed").
- Give explanations slowly, keeping in mind possible hearing loss and slow reactions. Keep in mind also other problems the older person may have such as failing vision, difficulty walking, or memory loss.

OBJECTIVE 8 **List guidelines for assisting clients who have memory loss or confusion.**

Senility is a word frequently used to describe a variety of conditions present in old age. Frequently people view aging as a breaking down process. There are several reasons why a person's ability to think and understand is affected. The changes may be due to decreased blood flow, poor nutrition, infections, drugs, or the aging process.

Symptoms

- Memory loss

  Primarily, the victim experiences severe memory loss. Memory loss at first is minimal, similar to the "forgetfulness" that we all experience at one time or another. Safety and good judgement depend on memory skills. Forgetting to lock the door when going to bed, forgetting basic traffic signals when driving, forgetting to put out the fire or to dispose of a lighted cigarette poses a great threat to personal safety.

- Repetitiveness

  Frequently the client will ask repetitive questions. Sometimes this becomes very annoying to the caretaker; however, generally the client does not even remember asking the question. Frequently the client cannot even remember what cannot be remembered.

- Personality changes

  Changes in personality may be caused by medications, illness, or trauma. Clients may become very confused and disoriented over time, and the inability to cope forces them to exhibit behaviors that are not like their true selves. A usually calm, serene person may easily become agitated. A person may exhibit paranoia, a rising fear of the known and unknown. Sometimes even insignificant events stimulate anxiety and frustration that may lead to lashing out at others, angry temper tantrums, foul language, and disruptive behavior. The frequency and degree of these behaviors change often as clients realize that they are becoming unable to cope with daily activities.

Care guidelines

- Maintain a calm, patient, understanding, and respectful approach to the client.
- Give simple instructions, one step at a time.
- Encourage the client to make simple decisions limited to a single choice, such as "Do you want to watch television or take a nap?"
- Recognize the client who is becoming frustrated with trying to remember things, ideas, or words; and offer assistance.
- Show respect to client and the client's experiences and talents.

- Encourage and assist client to relate to people and memories that are familiar and pleasant.
- Provide orientation to clients with mild memory loss by discussing the situation in normal conversation.

  EXAMPLES:

  - Call the client by name (use the client's full name occasionally)
  - Tell client your name and relationship to the client
  - Discuss date, day, time, location, weather
  - Help client to remember and discuss the past
- Communicate that the client is still a worthwhile human being.

  EXAMPLES:

  - Be supportive
  - Show respect and interest in client
  - Be sincere
  - Use active listening
  - Use touch when appropriate
- Prevent injury to the client.

  EXAMPLES:

  - Remove environmental hazards, such as loose rugs and small, movable furniture
  - Keep furniture in same place
  - Assist with ambulation as necessary
  - Observe and assist with nutrition and elimination
  - Assist as needed with personal hygiene
  - Use close observation and tact if client is prone to assaultive behavior
  - Avoid situations that provide an opportunity for the client to be assaultive

Alzheimer's disease

The cause of Alzheimer's disease is unknown and no known medical cures are available. The disease can strike clients of any age. Alzheimer's disease appears to have three stages.

Symptoms

First Stage:

- Memory loss
- Moodiness
- Poor judgment
- Disoriented to time

Second Stage:

- Night restlessness
- Increased memory loss
- Unsteady movement
- Unable to recognize familiar environment

Third Stage

- Seizures
- Disorientation about person, time, and place
- Communication becomes illogical and difficult to understand
- Coma and death

Care of the client with Alzheimer's Disease

- Maintain a consistent environment to minimize confusion
- Provide for a regular schedule that includes consistent bowel and bladder routines, consistent routine for daily care activities, and consistency in care providers
- Provide protection from injury by securing doors, windows, stairs, and harmful objects
- Provide reality orientation to include date, time, place, name, weather, etc.
- Encourage client to help with self-care and participate in activities
- Be patient, understanding, and watchful when working with a client who suffers from memory loss and/or confusion

  NOTE: The disoriented client will cause greater stress for the family and the respite provider because of the additional requirements for care and safety.

PROVIDING CARE FOR A CLIENT WHO HAS AN ALLERGIC REACTION

INTRODUCTION

Allergic reactions can happen at any time and can range from being very mild to life threatening. An allergic reaction may be the body's response to food, medication, pollen, insect stings, etc. Sometimes an allergic reaction is a medical emergency that requires immediate action.

⚠ **DANGER:** Severe allergic reactions can cause death if not properly handled.

The established procedure for dealing with a severe reaction should be a part of the client's file. Be sure to ask about specific allergies and procedures to follow. You will need to practice the procedure as it applies to your client.

Be sure to follow all laws, guidelines, and procedures required at the facility where the client is located. Rules may change according to the agency providing care and the site or facility such as day care center, workshop, school, or home.

Symptoms

- Rash or hives
- Swelling, itching, or redness of skin
- Wheezing and/or difficulty in breathing
- Tightness of chest and throat
- Irritability
- Weak pulse
- Seizures
- Loss of consciousness

Prevention

Steps to avoid life-threatening allergic reactions:

- Identify allergies to medications, foods, pollen, insect stings, etc.

- Tell appropriate staff members at school, workplace, day care, etc. about the client's allergies and procedures to follow.

- Encourage a client who has allergies to wear a medical alert bracelet or necklace.

- Keep medication on site (home, school, work site, day care facility) for client.

  NOTE: Be sure written authorization, appropriate to the requirements of the agency/site, is on file.

Managing a severe allergic reaction

1. Ask the following questions to determine if the client is having a severe allergic reaction:

   - Were you exposed to (or around) anything that you are allergic to?

   - Are there any symptoms (or problems)?

   - When did the symptom or problem start? Was it suddenly, just now?

   NOTE: If you are working with a client who is developmentally delayed or language impaired, communication may be difficult. You will need to find ways to communicate effectively using whatever language, signs, etc. are necessary to produce the answers. If in doubt, assume that a severe allergic reaction is possible.

2. Give the client the prescribed medication. The client should respond in 15 minutes. If necessary, repeat the dosage as indicated in the instructions from the physician.

   NOTE: Only designated and trained personnel should administer medications. Be sure all medication forms are signed and on file as required by the agency/site regulations.

3. Establish and maintain vital body functions: airway, breathing, circulation (A, B, C).

   Airway and breathing — administer artificial respiration if indicated. Activate procedures for handling a medical emergency.

   Circulation — administer cardiopulmonary resuscitation (CPR) if needed.

4. Take health and allergy information and permission forms if client must go to an emergency medical facility. Include known allergens and any medication that has been administered.

5. Notify the client's parent or guardian and physician.

6. Document the reaction in the appropriate manner in a daily log, incident report, or client record:

   - Medical interventions (any medication, resuscitation, or hospitalization)
   - Allergen that triggered the reaction
   - Medications prescribed

7. Provide other staff members with information about the client's allergens, reaction, and treatment. Review agency/site policies.

RANGE-OF-MOTION EXERCISES

INTRODUCTION

Exercise increases circulation and can help prevent congestion of fluids in the body. A client who must spend a great deal of time in bed still needs to keep muscles toned and joints flexible. If range-of-motion exercises are done routinely, they can prevent contractures. A client who is unable to do the exercises alone may need the respite care provider to assist with passive range-of-motion exercises.

Some exercises may be designed specifically for your client. Check the care plan for information about types of exercises for your client, degree of extension, number of repetitions, frequency, and speed. Ask for instructions and a demonstration from the health team member who is responsible for the exercises. Before attempting range-of-motion exercises on your own with the client, demonstrate to the health team member that you can perform each exercise as required.

Guidelines

- Perform all range-of-motion exercises gently.
- Hold client's extremities instead of grasping joints directly.
- If you must hold a joint itself, cradle it in the palm of your hand to avoid pressure on the joint.
- Never grasp a client's fingernails or toenails.
- Begin the client's range-of-motion exercises with the neck and work down, ending with toe exercises.
- Exercise the joints closest to the heart before exercising those farthest from the heart.
- Pay particular attention to thumb, hip, knee, and ankle exercises to maintain flexibility in those joints.
- Assist the client with range-of-motion exercises during or after a bath, after a rest period, or before bedtime.

  NOTE: One of the best times for the client to exercise is during and after the bath because the muscles relax in warm water.

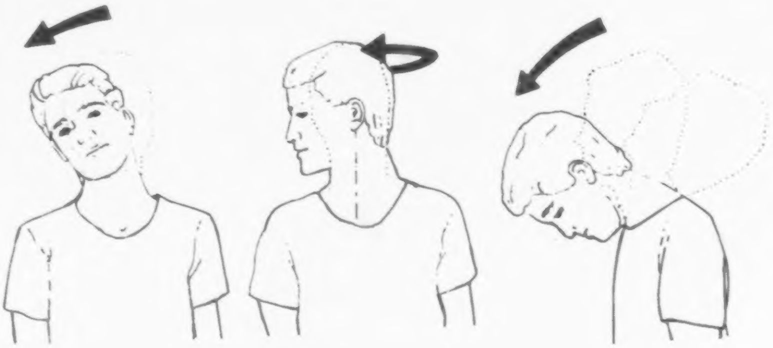
- Perform range-of-motion exercises the prescribed number of times for each joint.

  NOTE: Normal bathing movements provide some of the same motions.

- Never force a resisting joint.
- Stop an exercise if the client indicates pain.

Neck exercises (Figure 1)

FIGURE 1



Lateral flexion (bend to side so that ear gets close to shoulder)

Rotation (turn head so that chin is over shoulder)

Flexion (bend head forward, chin on chest)

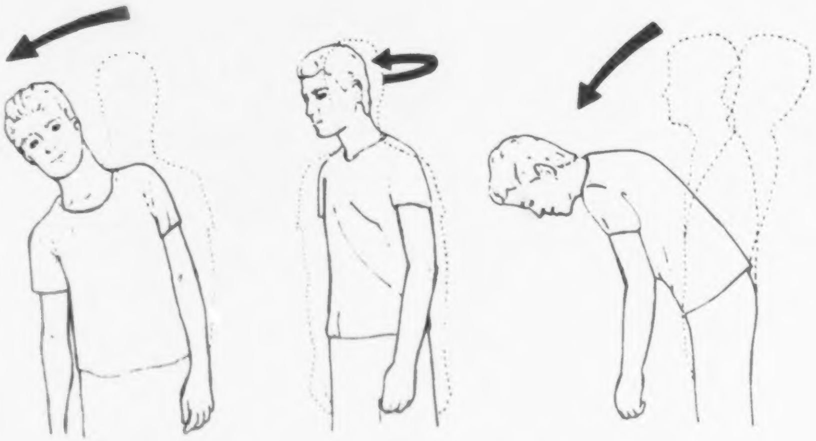
Extension (head in upright position)

Hyperextension (bend head up, eyes looking up)

Spine exercises (Figure 2)

CAUTION: These exercises may cause dizziness if done rapidly. Do them slowly with the patient sitting or lying down to prevent dizziness.

FIGURE 2



Lateral flexion (bend at side)

Rotation (with hips and feet straight, turn at at waist so body faces sideways)

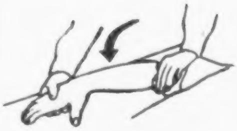
Flexion (bend forward)

Extension (stand up straight)

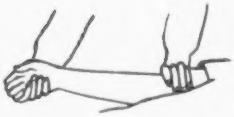
Hyperextension (bend back)

Shoulder exercises (Figure 3)

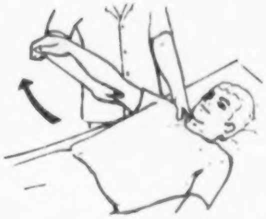
FIGURE 3



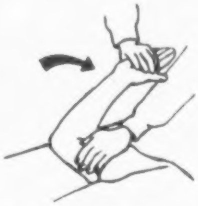
Internal rotation (palm down)



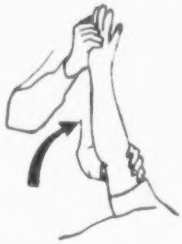
Extension (arm straight down at side)



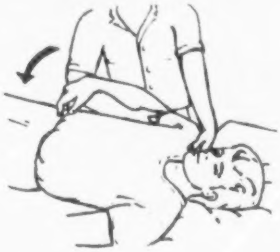
Abduction (arm out to side away from the body; hold the shoulder in place with one hand)



External rotation (palm up)



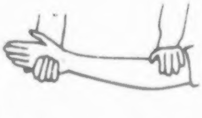
Flexion (arm raised over head, close to ear)



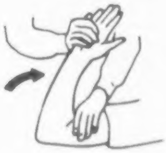
Adduction (arm across the abdomen toward the center of body; hold the shoulder in place with one hand)

Elbow exercises (Figure 4)

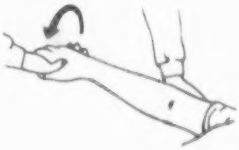
FIGURE 4



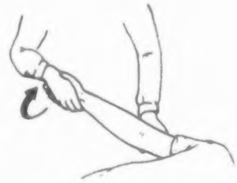
Extension (straighten elbow)



Flexion (bend elbow)



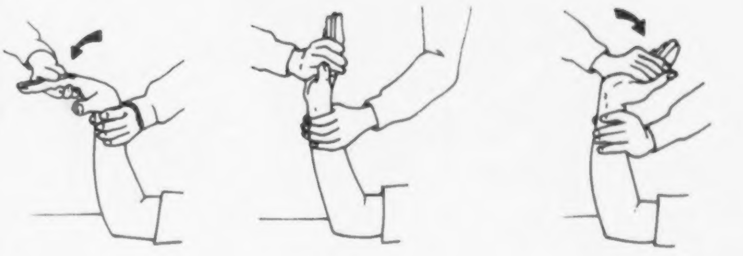
Pronation (turn palm of hand downward)



Supination (turn palm up)

Wrist exercises (Figure 5)

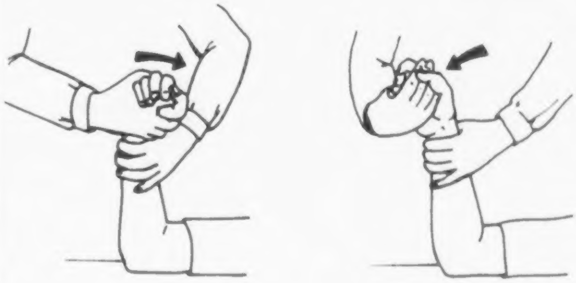
FIGURE 5



Flexion (wrist bent forward)

Extension (wrist straight)

Hyperextension (wrist bent backward)

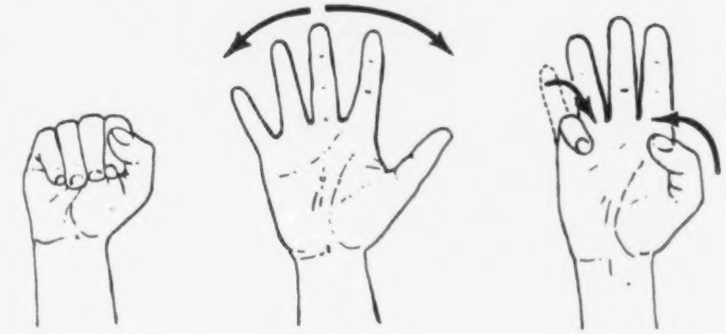


Radial flexion (abduction—bending wrist toward thumb side of hand)

Ulnar flexion (adduction—bending wrist toward little finger side of hand)

Finger exercises (Figure 6)

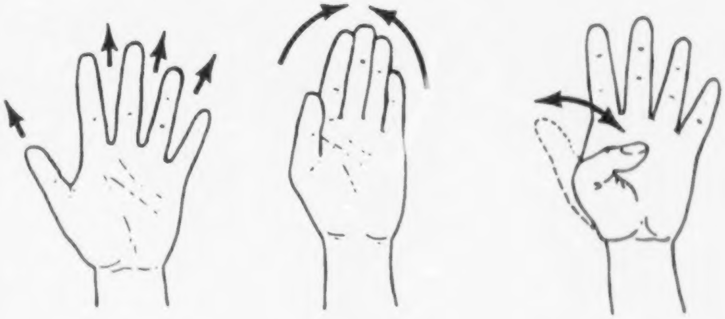
FIGURE 6



Flexion (close fingers into fist)

Abduction (spread fingers apart)

Thumb opposition (touch thumb to tip of each finger)



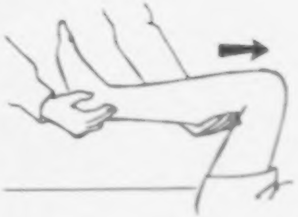
Extension (straighten fingers)

Adduction (bring fingers close together)

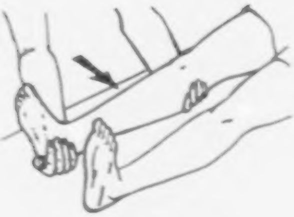
Thumb rotation (move thumb around in a circular motion)

Hip and knee exercises (Figure 7)

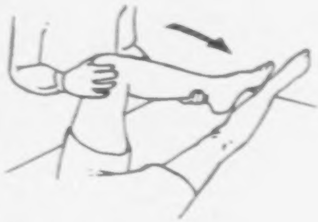
FIGURE 7



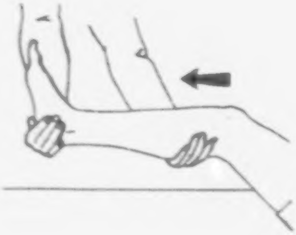
Flexion (bend hip and knee)



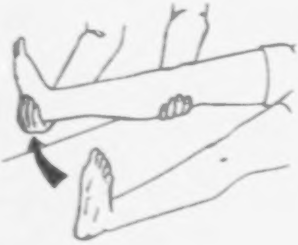
Adduction (with leg straight, move the entire leg toward and across the other leg)



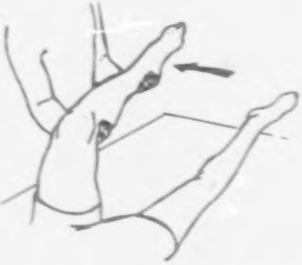
Internal rotation (with hip and knee flexed, turn leg so that foot so that foot moves over) the other leg)



Extension (straighten hip and knee)



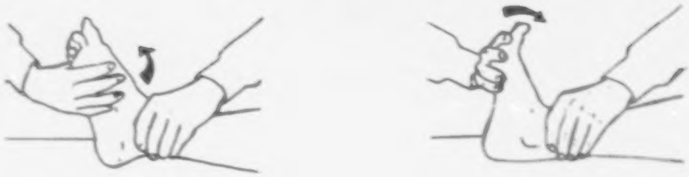
Abduction (with leg straight, move entire leg away from body)



External rotation (with hip and knee flexed, turn leg so that foot moves away from body)

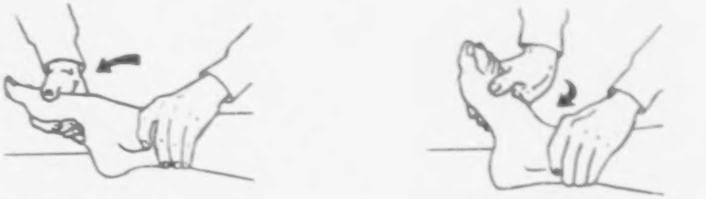
Ankle exercises (Figure 8)

FIGURE 8



Inversion (turning the foot inward)

Dorsiflexion (toes pointing toward the head)

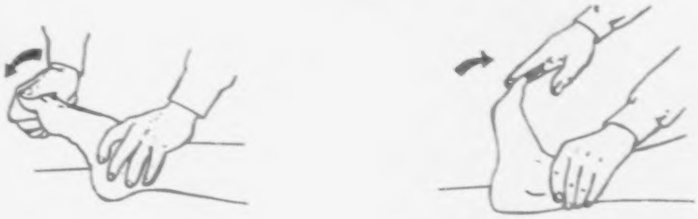


Eversion (turning the foot outward)

Plantarflexion (toes pointing away from the head)

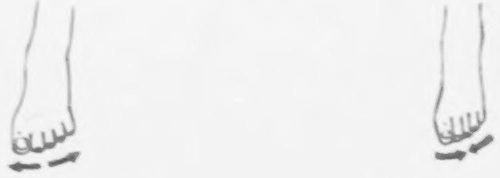
Toe exercises (Figure 9)

FIGURE 9



Flexion (bending toes down)

Extension (bending toes up



Abduction (spreading toes apart)

Adduction (moving toes together)

Figures 1 through 9 adapted from McClelland/Kaspar: *A Clinical Manual for Nursing Assistants*, copyright 1986, Boston: Jones and Bartlett Publishers. Adapted with permission.

BLOOD GLUCOSE MONITORING

INTRODUCTION

Blood glucose monitoring (BGM) allows the client to check and record blood glucose levels several times a day by using either a visually read strip or meter. The meters provide the most accurate reading but are costly. To determine glucose content with these meters, read the color on the prepared reagent strip.

Recent concerns about infectious diseases raise issues about exposure of health personnel to communicable diseases. Use the following guidelines to help prevent transmitting disease while monitoring blood glucose levels.

Guidelines

- Wash hands with warm water and soap before working with client.
- Do not demonstrate finger pricking on yourself.
- Use disposable lancets if possible.
- For reusable lancets, change the lancet after every procedure and soak platforms (handles) in disinfectant for 15 minutes before reusing.
- If you must demonstrate how to milk the finger, do so before puncturing client's finger.
- Wear gloves.
- Avoid touching the client's blood.
- Wipe blood off on a disposable paper towel.
- Dispose of the lancet in safety container.
- Dispose of soiled paper towels and cotton balls in double-lined wastebaskets. Double-bag any trash exposed to blood.
- Wash working area with disinfectant.
- Check meter accuracy regularly every three months with another meter, and daily with normal control solution.

PREPARING CHILDREN FOR TREATMENTS ACCORDING TO DEVELOPMENTAL STAGES

INTRODUCTION

Under each developmental stage are suggestions for how to deal with children in that stage while providing care for them. Remember that if a child's development is delayed, you should refer to the development group — rather than the chronological age group — where the child belongs.

Developmental stages

Infants (Birth to 18 months)

- Be consistent in giving care (same schedule, same person).
- Speak to the child before touching; maintain a soft, calm voice.
- Hold child as much as possible for medical treatment.
- Comfort the child after every procedure.
- Spend a few minutes doing something fun or pleasant that is totally unrelated to treatments, to establish rapport in preparation for unpleasant times.
- Change child's surroundings to offer new experiences, new sights.
- Make sure that toys are age appropriate and attractive. Try viewing the toy from the child's angle; for example, lie down and look at a mobile to see what a baby sees.
- Do painful procedures with sensitivity and understanding; infants under 12 months have trouble determining the source of pain.
- Offer a variety of toys and experiences for older infants to encourage movement and exploration in the environment.

Toddlers (18 months to 3 years)

- Be consistent and set limits.
- Tell children when you must leave, and tell them when you will be back. Return often to provide reassurance because separation anxiety is very strong in toddlers.
- Help child adjust to routines and to changes in routines.

Preschoolers (3 to 5 years)

- Allow preschoolers to make choices concerning their care; give only two logical and realistic options at a time.
- Never threaten children.
- Distract preschoolers with appropriate toys just before a procedure to draw their attention away from the procedure.
- Help preschoolers realize that illness is not a punishment; children this age are aware of their bodies and begin to connect their actions with their health.
- Help children verbalize their thoughts.
- Use a doll or favorite stuffed animal to explain procedures and treatments; play and fantasy are preschoolers' ways of dealing with reality.

Elementary-school-aged children (6 to 12 years)

- Encourage children to help plan process for their care; they are beginning to be concerned with the wholeness of their bodies and to fear bodily harm.
- Help children understand the need for treatment; if they understand why they need the treatment, they can help with their own care.
- Never lie to a child; if you do not know the answer to a question, say so.
- Spend time discussing children's feelings about death and answering their questions.

Adolescents (13 to 18 years)

- Provide opportunities for privacy and independence when possible.

- Give full explanations for everything; allow a client who denies the illness to have hope, but be honest.
- Encourage normal behavior and life experiences when possible.
- Include adolescents in planning their own care; sometimes they rebel against treatments and procedures they do not help plan.
- Provide choices when appropriate.
- Remember that an adolescent's developing sexuality may create concern for client and provider and that professional difficulties may arise when the client is close in age to the care provider.
- Seek professional help for any adolescent who talks about wanting to die. **Take the comments seriously**; the client may be suicidal.

Adapted from "Procedures for Preparing Children for Treatments According to Developmental Stages" as seen in *Alternatives to Hospital Care for Respiratory Disabled Children: A Comprehensive Resource Index*. Susan Kleinberg, Ph.D., editor. Millersville, Maryland: Coordinating Center for Home and Community Care, Inc., 1985.

STUDENT SUPPLEMENT 5

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS *I*

HOW TO AVOID CONSTIPATION

INTRODUCTION

You can help a client alleviate troublesome constipation by suggesting that the client follow these guidelines:

Guidelines

- Get sufficient rest — at least six hours a night.
- Incorporate moderate exercise into your daily routine. Even walking will do; just do not be sedentary.
- Drink at least eight to ten glasses of liquid every day (children may have different needs). Fluids help keep the intestinal contents in a semisolid state for easier passage. Before breakfast or in the evening, try drinking hot or cold water, plain or with lemon, for bowel stimulation. Fresh fruits and vegetables work well to stop constipation (but do not serve prune juice to a child). Relaxation techniques are especially beneficial for children with cerebral palsy who have difficulty with bowel movements.
- Provide enough fiber in your diet (see the fiber chart at the end of this supplement) to contribute bulk to the intestines and induce peristalsis. The richest source of fiber is whole-grain cereals and bran, but be careful: too much bran can create an irritable bowel. Whole wheat and whole rye are good choices. Some cereals to include are oatmeal, rolled oats, bran flakes, granola, grape nuts, shredded wheat, wheat flakes, and brown rice. When buying breakfast cereals, look for ones with bran in the title; or better yet, read the label for fiber content per serving (low fiber: 0.3 to 1 g, moderate fiber: 1.1 to 2.0 g high fiber: 2.1 to 4.2 g).
- Use fat-containing foods, such as bacon, butter, cream, and oil, in moderation. They produce sufficient bulk, but they sometimes cause diarrhea. If you are on a low-fat diet, you should avoid these foods anyway.
- Include an abundance of both raw and cooked vegetables and fruit — such as carrots, apples, oranges, lettuce, stewed fruit, and potatoes cooked in skin — in your diet.

- Avoid highly refined foods such as white rice, cream of wheat, farina, macaroni, spaghetti, noodles, white pastries, pies, cakes, and ice cream.

- If you have any special problems or questions, check with your physician.

Fiber content of some common foods

Grams of fiber per ½ cup	
Bran flakes (100% bran)	4.4
Bran flakes (40% bran)	2.0
Raisin bran	1.6
Puffed wheat	1.2
Shredded wheat	1.2
Sunflower seeds	2.2
Pumpkin seeds	1.0
English walnuts	2.4
Peanuts	2.7
Almonds	2.2
Pecans	1.3
Fresh fruit with skin	1.5
Fresh fruit without skin	1.0
Raw vegetables	1.1
Peanut butter (2 T.)	0.7
Bran muffin (1 muffin)	0.7
Whole-grain bread (1 slice)	0.4

COMMON CHANGES IN BODY SYSTEMS OF OLDER ADULTS

Skin and hair

- Decrease in skim firmness
- Decrease in secretions from sweat and oil glands
- Brown pigmentation occurs
- Hair texture becomes dry
- Hair turns gray
- Skin loses elasticity
- Body fat decreases, causing bones to become prominent
- Nail growth slows and nails become hard and brittle
- Sensitivity to temperature decreases
- Decreased activity may cause skin to break down over bony areas

Renal system

- Decrease in cardiac output and vascular changes reduce blood flow to kidneys
- General size and weight of kidneys decrease
- Filtration becomes less efficient

Pulmonary system

- Functional capacity, size, and structure decline
- Vital capacity decreases while residual volume increases

Cardiovascular system

- Cardiac strength and volume decrease
- Fat is deposited around the heart
- Valves thicken and sclerose
- Elastic fibers of arteries fray or split, causing weakening of arterial walls
- Blood pressure may increase
- Gradual degeneration of system

Nervous system and senses

- Progressive loss of nerve cells affects mental abilities
- All senses gradually decrease
- Reflex action and temperature regulation ability lessens
- Sensitivity to touch, temperature, and pain decreases
- Hearing, vision, and speech impaired
- Loss of peripheral vision and depth perception

Reproductive system

- Generalized atrophy of reproductive organs
- Decrease in amount of hormones released
- Decrease in amount of secretions to lubricate vagina
- Prostate gland thickens and becomes fibrous

Musculoskeletal system

- Bones become porous and lose density
- Ligaments and joints stiffen and lose mobility
- Loss of strength and agility

Digestive system

- Gastric secretions and enzymes decrease
- Absorption of nutrients decreases
- Loss of muscle tone due to decreased physical activity
- Tooth loss
- Decreased sensitivity of taste buds

ACTIVITY SHEET

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

I

CHOOSE APPROPRIATE ACTIONS WHEN DEALING WITH A CLIENT WHO SUFFERS FROM CONFUSION OR MEMORY LOSS

Name ______________________ Score __________

DIRECTIONS

Read each case study and write suggestions for care of each client based on what you have learned in this unit.

Language Skills
- Use standard grammar, spelling, and capitalization
- State ideas clearly

Cognitive Activities Skills
- Identify critical elements/issues
- Define a problem
- Identify underlying causes
- Analyze/synthesize information
- Identify/analyze underlying assumptions
- Draw conclusions
- Identify/evaluate consequences
- Devise a solution

Job Acquisition/ Development Skills
- Practice good work habits/attitudes

Case Study 1

You have been caring for Mr. Barber on a routine basis over the past year. Mr. Barber has been able to provide much of his own grooming and general care and maintains his independence when possible. Recently you have noticed that when you remind him to wash his face and hands he may wash his arm instead. You have been taking control and washing his face and hands for him. It seems that many activities Mr. Barber was able to do on his own before are no longer accomplished.

What steps could you take to ease the stress on you and still promote Mr. Barber's involvement in his personal care?

____

____

____

____

____

Case Study 2

Mrs. Santiago is one of your favorite clients. You have cared for her over the past several years and have watched her memory loss progress. She has begun to hide items, and each time you return to care for her she accuses you of stealing things. You usually find the "stolen" articles hidden in a closet, under the bed, or inside a suitcase hidden in the broom closet. Mrs. Santiago often tells her niece and younger brother that you are stealing her valuables. You are concerned that Mrs. Santiago's relatives will believe her and request that you not return to work.

What can you do to help safeguard your own reputation while meeting the needs of the client and the client's family?

Case Study 3

Miss Benson, who is eighty-eight, has lived in your neighborhood for many years. She lives alone and can usually manage during the day with someone to check on her, but you have recently accepted the job to spend evenings and weekends with her when family cannot be there. During the time you spend together, Miss Benson often talks about her visits to relatives in other states, an incident at work last week, or a dress she bought for the holidays and had to spend "five whole dollars" on it.

Miss Benson speaks of these events as though they happened last week, yet it is apparent that she is talking about incidents that happened long ago. After all, she hasn't been out of her home except to see the doctor or visit her family in several years, she hasn't worked in over 30 years, and very few dresses can be bought for five dollars today.

While Miss Benson enjoys talking about her memories, she should also do things that will help her think about tomorrow and keep active.

What can you do to help Miss Benson enjoy life to the best of her ability?

ACTIVITY SHEET

1. Remain calm and encourage Mr. Barber to continue personal care with your assistance. Be sure to give simple instructions, one step at a time. Monitor Mr. Barber's progress; you may need to step in and offer assistance.

   Work on communication skills to be sure Mr. Barber is hearing correctly and is receiving the right message. Provide helpful hints such as "you missed some on your chin, let me help you reach it." Use this time to remind him of the names of body parts.

   Find other activities that Mr. Barber can do alone or with your assistance. Remember that you need to provide a safe environment, but the client still needs to feel independent when possible.

2. Maintain a calm and respectful approach. Remember that Mrs. Santiago's family may be aware of the nature of the complaints. If not, try to help the family understand that hiding valuables may be a part of the personality changes; but it may also be a way to gain attention from family members.

   Discuss the problem with the family and with the client. During normal conversation, work toward orienting the client to remember where and when the items disappeared. Reality therapy on daily events is also important.

3. When Miss Benson starts talking about things that happened in the past, try to help her remember as many details as possible. Try to pinpoint the time, place, individuals involved—anything that will help bring the incident into focus. Remembering is important to Miss Benson as a way to stay in control of at least one part of her life. You can help her feel better about herself and her capabilities.

   Do not become frustrated because of the time spent trying to help Miss Benson remember details that seem to have no value at this time. It is important for Miss Benson to remember. Part of the caretaker's task is to be supportive and show interest.

JOB SHEET 1

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

I

OBJECTIVE 9

Use proper handwashing technique.

EQUIPMENT AND SUPPLIES

- Soap
- Paper towels
- Running water
- Waste can
- Hand brush (optional)
- Orange stick (optional)

PROCEDURE

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

1. Remove any jewelry on hands or wrists.

   NOTE: Do not replace jewelry until procedure with client is complete.

2. Roll up long sleeves.
3. Turn on water and leave it running throughout entire procedure.
4. Regulate water temperature.

   NOTE: Use warm instead of hot water; hot water may burn your hands.

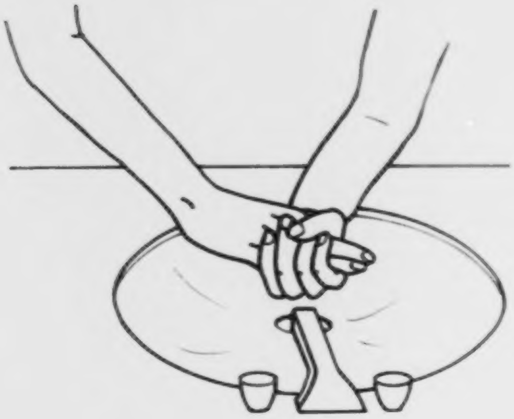
CAUTION: Do not touch any part of the sink or surrounding areas; they are considered contaminated.

---

5. Wet your hands while keeping your hands below the level of your elbows. Your hands should be kept below your elbows during the entire procedure (Figure 10).

   NOTE: Keeping hands below the elbows prevents water from getting on forearm and then running back down to contaminate hands.

FIGURE 10



6. Apply soap to entire area of hands and wrists.

7. Work up a lather with the soap, adding water as necessary to keep lather moist.

8. Rub palms of hands together several times.

9. Clean backs of hands:

   a. Put palm of one hand over the back of the other; rub together several times.

   b. Reverse hands and repeat.

10. Clean between fingers:

    a. Interlace fingers on both hands; rub together several times.

    b. Reverse hands and repeat.

11. Continue using friction to wash hands for 30 seconds to 2 minutes.

12. Use hand brush or blunt end of orange stick as needed to clean nails.

13. Rinse hands and wrists thoroughly with water, keeping fingertips pointing down.

14. Soap hands again, repeating steps 6 through 13.

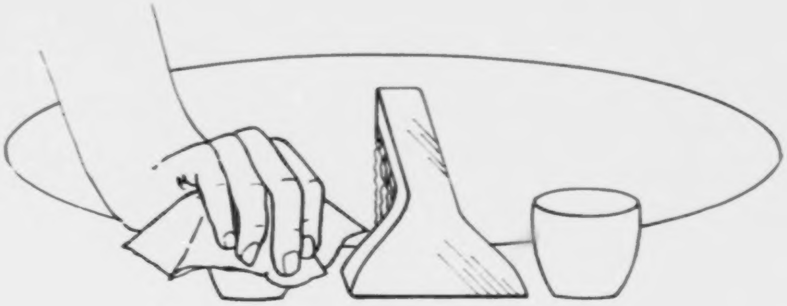
15. Dry hands thoroughly using paper towels.

16. Discard wet paper towels.

NOTE: Wet paper towels are contaminated.

17. Turn off water, using a dry paper towel on handle of hand-controlled faucet (Figure 11).

FIGURE 11



18. Discard towel in waste can.

19. Leave area neat and clean.

NOTE: If you drop any item during the handwashing procedure, pick it up and then repeat steps 11 through 19.

JOB SHEET 2

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

I

OBJECTIVE 10

Move client up in bed.

EQUIPMENT AND SUPPLIES

None

PROCEDURE

Interactive Communication Skills

- Give/follow oral directions
- Work effectively in a group
- Communicate with clients/customers
- Communicate with co-workers

Job Acquisition/ Development Skills

- Master specific job task/procedure

With client help

NOTE: With pediatric client, be sure to plan for head control during the procedure.

1. Ask client to grasp side rails or head of bed or place hands flat at side.
2. Have client bend knees and place feet flat on bed.
3. Slide one arm under lower curve of client's back and other arm under client's thighs.
4. Lift and slide client up in bed while client pulls toward head of bed or pushes up with hands.

With an assistant but without client help

1. Have one person stand near client's head and place one arm under client's neck and shoulders and other arm under the middle of client's back.
2. Have second person place one arm under client's back and other arm under client's thighs.
3. Move client toward head of bed on prearranged signal.

JOB SHEET 3 — PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

OBJECTIVE 11

Make an occupied bed.

INTRODUCTION

Functional Writing Skills
- Complete forms & records

Many clients are not able to get out of bed for you to change the bed linens. As a respite care provider, you must be prepared to make up a bed while the client is in it. Some clients can change positions in the bed by themselves, and others cannot. Whenever possible, encourage clients to move themselves.

When lifting or moving heavy objects, always use good body mechanics. Use your longest and strongest muscles. If you need help, get it before trying to move the client or mattress. If the client is in a hospital bed, place mattress in flat position and lock the wheels of the bed before beginning to change the linen.

EQUIPMENT AND SUPPLIES

- Sheet
- Drawsheet
- Waterproof sheet
- Pillowcase
- Bedspread
- Bath blanket
- Receptacle for soiled linen

PROCEDURE

Oral Presentation Skills
- Use effective body language

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

1. Wash hands.
2. Take clean linen to client's bed, placing it on a chair.
3. Explain procedure to client; provide privacy.
4. Loosen top covers at the foot of bed.
5. Place bath blanket over client and top covers.
6. Tuck bath blanket under client's shoulders or have client hold it in place.
7. Reach under the bath blanket and fanfold the top covers to the foot of the bed.

8. Remove bedspread.

9. Place bedspread in the linen receptacle; or if spread is to be reused, fold it:

    a. Fold bedspread with the hems together.

    b. Fold spread in half again, this time with edges together.

    c. Fold it in half again and hang it over back of a chair.

10. Remove blanket and fold in same manner as spread.

11. Move mattress to head of bed, using one of the following methods:

    a. Move mattress with client help

        1) Ask client to grasp side rails or headboard.

        2) Push the foot of the mattress while client pulls toward head of bed.

    b. Move mattress with an assistant but without client help

        1) Position yourself and the assistant on opposite sides of the mattress.

        2) Grasp each side of mattress firmly and on signal, move mattress to head of bed.

12. Move client up in bed.

13. Help client turn to side of bed opposite that which is to be made up first.

14. Loosen linens on side of bed to be made, folding or rolling each piece separately and as close to client as possible.

15. Straighten mattress pad.

16. Put client sheet on mattress with center fold near center of bed; tuck sheet under mattress, making mitered corner at top.

17. Fanfold other half of sheet and tuck it as close to client as possible.

18. Unfold waterproof sheet; straighten it and pull it tight.

19. Unfold drawsheet, leaving it folded in half from top to bottom; place center fold near center of bed; tuck one side under mattress.

20. Move client to clean side of bed.

21. Remove soiled linen and place it in proper receptacle.

22. Tuck clean linen in sequence snugly under mattress.

23. Move client to center of bed.

24. Unfold top sheet over bath blanket.

25. Remove, fold, and put away bath blanket.

26. Place blanket and bedspread over client.

27. Tuck linens in at foot of bed, making mitered corners.

28. Gently pull up covers over client's toes to loosen covers over the feet.

29. Provide for client comfort.

30. Remove soiled linen.

JOB SHEET 4 — PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

OBJECTIVE 12

Give a back rub.

INTRODUCTION

A back rub stimulates and promotes circulation and is relaxing for a client. It also helps prevent decubitus ulcers.

EQUIPMENT AND SUPPLIES

- Bath towel
- Lotion
- Washcloth
- Basin with warm water
- Soap and soap dish

PROCEDURE

Job Acquisition/ Development Skills

- **Master specific job task/procedure**
- **Practice good work habits/attitudes**

1. Wash hands and remove jewelry.
2. Assemble equipment.
3. Explain procedure to client.
4. Provide privacy.
5. Assist client:
    a. Have client turn on side or stomach if condition permits.
    b. Place bath towel close to client's back to protect bedding.
6. Give back care:
    a. Wash, rinse, and dry back.
    b. Warm lotion by rubbing it in hands first or by setting lotion container in warm water.
    c. Apply lotion to entire back, beginning at lower back area: apply up both sides of spinal column to neck, across shoulders, and down to lower back area (Figure 12).

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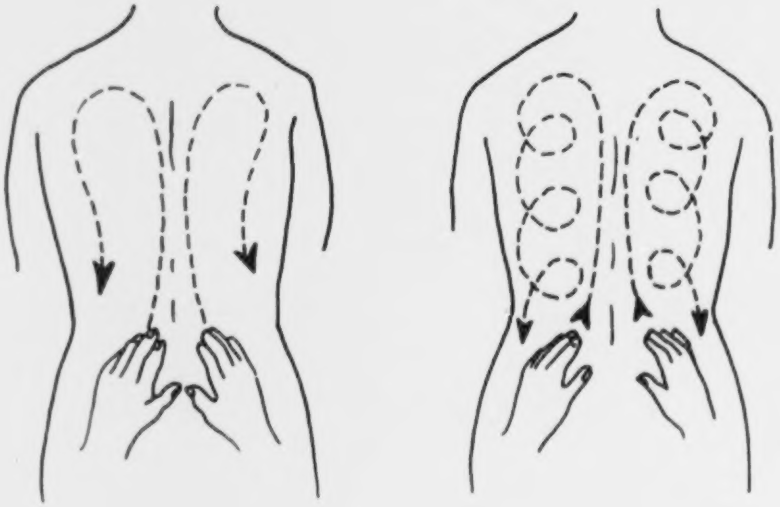
FIGURE 12



d. Give attention to bony prominences, reddened areas, or pressure areas.

7. Adjust bed covers; assist client to comfortable position.

8. Remove equipment, clean, and return to proper place.

9. Document procedure and observations.

JOB SHEET 5 PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS I

OBJECTIVE 13 Collect routine urine specimen.

EQUIPMENT AND SUPPLIES

- Bedpan or urinal
- Covered specimen container
- Graduate container
- Label (optional)

PROCEDURE

1. Wash hands.
2. Take equipment to client's bedside.
3. Explain procedure to client.
4. Provide privacy.

   NOTE: Stay with young children while they void. Have older children void in an environment that does not have access to any liquids.
5. Give bedpan or urinal.
6. After obtaining specimen (1-3 ounces), take bedpan or urinal to work area.
7. Pour urine into a graduated container.
8. Cover specimen container and set in safe place (attach label if specimen is to be tested at another site or if there is more than one sample).
9. Clean bedpan and return to designated area.
10. Complete tests (optional).
11. Document procedure and observations.

Functional Writing Skills
- Complete forms & records

Functional Math Skills
- Make measurements

General Science Skills
- Collect specimens

Interactive Communication Skills
- Give/follow oral directions
- Communicate with clients/customers

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

JOB SHEET 6 — PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS I

OBJECTIVE 14 Collect clean-catch urine specimen.

EQUIPMENT AND SUPPLIES

- Bedpan or urinal
- Sterile urine specimen bottle with cover
- Label (optional)
- Cleansing agent
- Water
- Cotton balls
- Sterile gloves

PROCEDURE

For female client confined to bed

1. Wash hands.
2. Assemble equipment and take to bedside.
3. Explain procedure.
4. Provide privacy.
5. Drape client with a cover so that the perineum is exposed.
6. Place client on bedpan.
7. Place equipment on bed between client's feet.
8. Wash hands.
9. Put on gloves.
10. Cleanse the vulva:
    a. Expose urinary meatus by spreading vulva open using thumb and index finger.
    b. Moisten cotton ball in cleaning agent, usually liquid soap.

Functional Writing Skills
- Complete forms & records

General Science Skills
- Collect specimens

Interactive Communication Skills
- Give/follow oral directions
- Communicate with clients/customers

Cognitive Activities Skills
- Create a finished product (written, oral, practical)

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Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

    c. Cleanse area with one wipe from pubis to anus; discard cotton ball.

    d. Repeat cleansing approximately four more times until area around urethra is free of secretions.

    e. Rinse with water; dry with cotton balls.

11. Have client void small amount of urine in bedpan.

12. Place the bottle to catch midstream flow.

13. Allow client to finish voiding in bedpan.

14. Pour urine into specimen container.

15. Cover bottle; rinse and wipe the outside without getting any water on the cap.

16. Remove bedpan and provide for client's comfort.

17. Remove gloves.

18. Cover specimen container and set in safe place (attach label if specimen is to be tested at another site or if there is more than one sample).

19. Clean equipment and return to designated area.

20. Document procedure.

    NOTE: If clean catch/midstream kit is used, follow manufacturer's instructions.

For ambulatory female client

1. Wash hands.

2. Assemble equipment and take to bedside.

3. Instruct client.

    a. While holding labia open with the thumb and index finger, cleanse area from front to back using one cotton ball for each stroke.

    b. Repeat cleansing three or more times, once on each side of labia and once down center over urinary meatus.

   - c. While still holding labia, commence voiding, allowing first of stream to flow into toilet.
   - d. Catch only midstream urine in a sterile specimen bottle.
   - e. Complete voiding in toilet.
   - f. Cover specimen bottle.

4. Rinse and dry outside of bottle after specimen is obtained (attach label if testing is to be done at another site or if there is more than one sample).

5. Wash hands.

6. Care for equipment.

7. Document procedure.

For male client

NOTE: For male confined to bed, give client a urinal and assist as needed.

1. Wash hands.

2. Assemble equipment and take to bedside.

3. Instruct client:
   - a. Cleanse the glans penis with a circular motion, beginning at the meatus and working away from it.
   - b. Repeat cleansing with three or four cotton balls and the cleansing solution.
   - c. Rinse with water.
   - d. Void a small amount into toilet or urinal.
   - e. Catch only midstream urine in a sterile specimen bottle.
   - f. Complete voiding in toilet or urinal.
   - g. Cover specimen bottle.

4. Rinse and dry outside of bottle after specimen is obtained (attach label if testing is to be done at another site or if there is more than one sample).

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5. Wash hands.

6. Care for equipment.

7. Document procedure.

JOB SHEET 7 PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

OBJECTIVE 15 **Use a pediatric collecting bag to collect a urine specimen.**

EQUIPMENT AND SUPPLIES

- Collecting bag (plastic, disposable urine bag or collector)
- Cleansing agent
- Wiping material, 4 x 4 or cotton balls
- Containers for solutions
- Specimen container

PROCEDURE

1. Wash hands.

2. Assemble equipment and take to bedside.

3. Explain procedure to client, parent, or caregiver as necessary.

4. Pour solutions into appropriate containers.

5. Place client in supine position so that genitalia are exposed and legs are froglike.

   NOTE: You may need help in holding a toddler in place. An older child may understand what you are doing if you explain the procedure step by step as you proceed.

6. Cleanse genitalia and genital area:

   Females

   a. Dip wiping material into cleansing agent and squeeze out excess.

   b. Wipe labia majora from clitoris to anus and discard the material; repeat the process.

   c. Wipe area with clear water and clean wiping material.

   d. Repeat process on labia minora while spreading apart the labia with other hand.

   e. Wipe area dry.

Functional Writing Skills
- Complete forms & records

Functional Math Skills
- Make measurements

General Science Skills
- Collect specimens

Interactive Communication Skills
- Communicate with clients/customers

Cognitive Activities Skills

- Create a finished product (written, oral, practical)

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

Males

a. Dip wiping material into cleansing agent and squeeze out excess.

b. Wipe tip of penis, using a circular motion toward scrotum.

c. Retract foreskin, if present, for thorough cleaning.

d. Wipe area with cleansing solution twice; then wipe with clear water.

e. Wipe area dry.

7. Apply collecting bag firmly so that opening is exposed to receive urine.

Females

a. Stretch perineum taut during application.

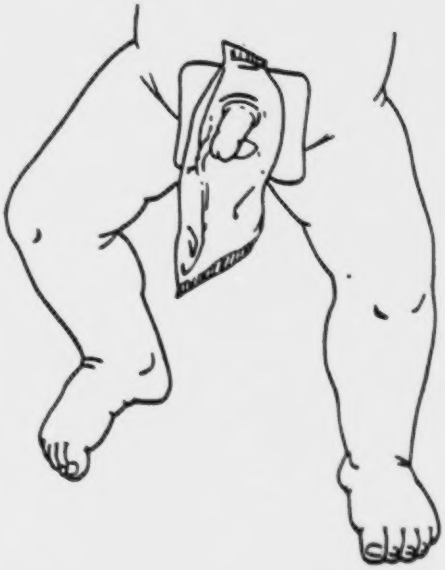
b. Attach bag to perineum first, then proceed up to symphysis, making sure that bag edges are sealed securely to prevent leaking.

Males

a. Place penis and scrotum inside bag (Figure 13).

NOTE: Some collection bags have smaller openings, and only the penis is placed in the bag to avoid pressure on the scrotum.

FIGURE 13



From *Mosby's Textbook for Nursing Assistants*, 2nd edition, by Sheila A. Sorrentino, copyright 1987. Used with permission of C. V. Mosby Company, St. Louis.

   b. Press the backing firmly against skin to make sure that bag edges are sealed securely to prevent leaking.

8. Diaper infant, leaving a corner of the collecting bag visible so you can see when the bag has urine in it.

9. Provide comfort; give additional liquids if allowed.

10. Wash hands.

11. After obtaining specimen, fill container and seal; rinse and dry outside of bottle (attach label if testing is to be done at another site or if there is more than one sample).

12. Document procedure to include time specimen collection started and ended, amount of urine voided, color, and characteristics of urine.

OBJECTIVE 16 Perform Clinitest.

EQUIPMENT AND SUPPLIES

- Clinitest tablets
- Test tube
- Eyedropper
- Color chart

NOTE: A color pamphlet is usually supplied with tablets.

- Urine specimen

PROCEDURE

1. Obtain mid-stream urine specimen.

   NOTE: The Clinitest is done four times a day — before meals and before bedtime — unless physician's orders differ. If possible, have client void, discard, and then get second voiding for testing.

2. Assemble equipment on a table surface near running water.

3. Hold test tube approximately 1¼ in (30 mm) from the top of the tube with test tube holder or between thumb and forefinger; with the other hand, draw up five drops of urine with the eyedropper and drop the urine into the center of the test tube.

   NOTE: Extreme accuracy is necessary. Do not let urine drip down the side of the tube.

4. Rinse eyedropper in running water.

5. Draw 10 drops of water into eyedropper and add to urine in the test tube.

6. Drop one Clinitest tablet from bottle into the lid of the bottle, then drop it into the test tube.

   NOTE: Do not use tablets that are moist or have changed color. Do not touch the tablet with your fingers.

Functional Reading Skills
- Interpret graphics & symbols (charts, diagrams, graphs, signs, etc.)

Functional Writing Skills
- Complete forms & records

Functional Math Skills
- Make measurements

Physical Science Skills
- Investigate forms/changes of matter (physical, chemical)

Cognitive Activities Skills
- Create a finished product

7. Continue to hold test tube at top.

CAUTION: The dissolving tablet causes a boiling reaction, and the bottom of the test tube will become hot.

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

8. Watch while boiling takes place.

   NOTE: Do not shake test tube while boiling or for 15 seconds after the boiling has stopped.

9. Shake tube gently after 15 seconds or after boiling stops; compare with Clinitest color chart; ignore any sediment in bottom of tube and any changes that take place after the 15 second waiting period.

10. Record readings on client's chart and report any abnormal reading to appropriate persons.

    NOTE: Reactions are negative or positive. If fluid is blue, there is no sugar present and the test is considered negative. If fluid changes in color from dark green to orange, the test is positive. Check the color change in test tube with the block on the color chart indicating the degree of sugar content. The dosage of insulin prescribed for a diabetic client may be based on the amount of sugar in the urine.

11. Clean work area.

JOB SHEET 9 — PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

OBJECTIVE 17

Perform indicator tape test for sugar in urine.

INTRODUCTION

Clients taking certain medications may need to have their urine tested with the indicator tape method because other methods will be inaccurate.

EQUIPMENT AND SUPPLIES

- Urine specimen
- Color chart on indicator tape dispenser
- Indicator tape strip

NOTE: There are several brands of indicator strips. Be sure to follow manufacturer's instructions for use.

PROCEDURE

1. Wash hands.
2. Obtain urine specimen, use second voided specimen if possible.
3. Take equipment and specimen to work area.
4. Withdraw 1½ in (3.81 cm) of indicator tape from dispenser.

   NOTE: Do not use tape if it has turned brown.
5. Dip end of tape into urine and remove immediately after it has been uniformly moistened.
6. Wait one minute.
7. Compare tape with color chart on exterior of dispenser.
8. Clean work area.
9. Record findings on appropriate form.

   NOTE: Usual color designations are yellow, indicating zero percent, and varying shades of green, ranging from light to dark, indicating the approximate glucose concentration.
10. Report any unusual finding to appropriate persons.

Functional Reading Skills
- **Interpret graphics & symbols (charts, diagrams, graphs, signs, etc.)**

Functional Writing Skills
- **Complete forms & records**

Functional Math Skills
- **Make measurements**

Physical Science Skills
- **Investigate forms/changes of matter (physical, chemical)**

Cognitive Activities Skills

- Create a finished product

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

JOB SHEET 10 | PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS /

OBJECTIVE 17

Perform Acetest.

EQUIPMENT AND SUPPLIES

- Acetest tablet
- Urine specimen
- Clean, dry, white paper
- Eyedropper
- Color chart

PROCEDURE

1. Wash hands.
2. Obtain urine specimen.
3. Take specimen to work area.
4. Place clean, dry, white paper on flat, dry surface.
5. Place tablet on paper:
    a. Drop one tablet into lid of bottle.
    b. Drop tablet from lid onto paper. Do not touch tablet or paper.
6. Draw urine into eyedropper.
7. Drop one drop of urine on tablet.
8. Wait exactly 30 seconds.
9. Compare color of the tablet with color chart on bottle.

    NOTE: Reactions are negative or positive. If color is unchanged or tablet becomes cream colored, the test is considered negative. If tablet turns from lavender to a deep purple, the test is considered positive. Color designations are as follows: lavender indicates a small amount of acetone; medium purple indicates a moderate amount of acetone; dark purple indicates a large amount of acetone.

10. Record finding on appropriate form.
11. Report findings to appropriate person.

Functional Reading Skills
- Interpret graphics & symbols (charts, diagrams, graphs, signs, etc.)

Functional Writing Skills
- Complete forms & records

Functional Math Skills
- Make measurements

Physical Science Skills
- Investigate forms/changes of matter (physical, chemical)

Cognitive Activities Skills

- Create a finished product

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

JOB SHEET 11

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

I

OBJECTIVE 19

Use a reagent strip to monitor blood glucose.

INTRODUCTION

In the past, blood testing was done in the laboratory. Today, blood tests are routinely done for seriously ill diabetic clients and others for whom an accurate reading on glucose levels is important. Blood tests for glucose are much more reliable than urine tests.

A simple blood test has been developed for diabetics that allows accurate blood glucose testing several times a day. The procedure can be done by the diabetic client at home.

EQUIPMENT AND SUPPLIES

- Watch with second hand
- Reagent strip for blood glucose
- Sterile finger lancet
- Disposable gloves
- Cotton balls

PROCEDURE

1. Wash hands.
2. Assemble equipment and take to bedside.
3. Explain procedure
4. Have client wash hands with soap and water, if possible.

   NOTE: This both cleans the skin and increases blood flow. If this is not possible, cleanse the end of the client's finger with an alcohol wipe.
5. Choose the finger to stick.

   NOTE: Avoid the index finger; sticking the index finger is very painful for the client. Rotate sites to decrease chances of soreness.
6. Put on gloves.
7. Massage the base of the finger to increase blood flow.

Functional Reading Skills
- Interpret graphics & symbols (charts, diagrams, graphs, signs, etc.)

Functional Writing Skills
- Complete forms & records

Functional Math Skills
- Make measurements

Physical Science Skills
- Investigate forms/changes of matter (physical, chemical)

Cognitive Activities Skills
- Create a finished product

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

8. Prick the end of the finger with the sterile lancet; a new lancet must be used for each procedure.

   NOTE: There are several devices on the market to penetrate the skin. Follow instructions for the device being used.

9. Allow a large drop of blood to form on the end of the finger.

   NOTE: You may milk the base of the finger, but do not squeeze the end because it may alter the test results.

10. Drop the blood onto the reagent portion of the strip, covering it completely.

11. Place dry cotton ball on finger.

12. Time the exact period specified by the reagent strip manufacturer.

13. Wipe the strip gently three times with a sterile cotton ball.

14. Compare the color on the strip with the color chart on the package label to determine the blood glucose level, which is identified in milligrams per deciliter; if the strip is darker than any color on the first scale, wait for another 60 seconds and compare it to the second color scale on the label.

15. Dispose of strip and finger-stick lancet in appropriate container.

16. Clean area.

17. Remove gloves.

18. Record information on appropriate forms; if results are unusual, notify appropriate persons.

PRACTICAL TEST 1

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

I

JOB SHEET 1

Use proper handwashing technique.

Student's name ____________________ Date ____________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Removed jewelry	___	___
2. Rolled up long sleeves	___	___
3. Turned on water and left running throughout procedure	___	___
4. Regulated water temperature	___	___
5. Wet hands while keeping fingertips pointing down	___	___
6. Applied soap to entire area of hands and wrists	___	___
7. Worked up a lather with the soap; added water as necessary	___	___
8. Rubbed palms of hands together several times	___	___
9. Cleaned backs of hands	___	___
a. Put palm of one hand over the back of the other; rubbing together several times	___	___

b. Reversed hands and repeat ___ ___

10. Cleaned between fingers ___ ___

a. Interlaced fingers on both hands; rubbing together several times ___ ___

b. Reversed hands and repeated ___ ___

11. Continued using friction to wash hands for 30 seconds to 2 minutes ___ ___

12. Used hand brush or blunt end of orange stick as needed to clean nails ___ ___

13. Rinsed hands and wrists thoroughly with water, keeping fingertips pointed down ___ ___

14. Soaped hands again, repeating steps 6 through 13 ___ ___

15. Dried hands thoroughly ___ ___

16. Discarded wet paper towels ___ ___

17. Turned off water, using a dry paper towel on handle of hand-controlled faucet or pressing knee lever or foot pedal ___ ___

18. Discarded towel in waste can ___ ___

19. Left area neat and clean ___ ___

20. Performed steps in a timely manner ___ ___

21. Practiced safety rules through procedure ___ ___

22. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Kept fingertips pointing down	4	3	2	1
Washed for sufficient amount of time	4	3	2	1
Dried hands with clean paper towels	4	3	2	1
Turned off water with paper towel (if applicable)	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

JOB SHEET 2

Move client up in bed.

Student's name ______________________ Date ____________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
With client help		
1. Asked client to grasp side rails or head of bed or place hands flat at side	___	___
2. Had client bend knees and place feet flat on bed	___	___
3. Slid one arm under lower curve of client's back and other arm under client's thighs	___	___
4. Lifted and slid client up in bed while client pulled toward head of bed or pushed up with hands	___	___
With an assistant but without client help		
1. Had one person stand near client's head and placed one arm under client's neck and shoulders and other arm under the middle of client's back	___	___

2. Had second person place one arm under client's back and other arm under client's thighs ___ ___

3. Moved client toward head of bed on prearranged signal ___ ___

4. Performed steps in a timely manner ___ ___

5. Practiced safety rules through procedure ___ ___

6. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Used good body mechanics	4	3	2	1
Positioned client correctly	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

JOB SHEET 3

Make an occupied bed.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Took clean linen to client's bed, placed it on a chair	___	___
3. Explained procedure to client; provided privacy	___	___
4. Loosened top covers at the foot of bed	___	___
5. Placed bath blanket over client and top covers	___	___
6. Tucked bath blanket under client's shoulders or had client hold it in place	___	___
7. Reached under the bath blanket and fanfolded the top covers to the foot of the bed	___	___
8. Removed bedspread	___	___

9. Placed bedspread in the linen receptacle; or if spread was to be reused, folded it correctly ___ ___

10. Removed blanket and folded in same manner as spread ___ ___

11. Moved mattress to head of bed, using one of the following methods: ___ ___

    a. With client help

        1) Asked client to grasp side rails or headboard ___ ___

        2) Pushed the foot of the mattress while client pulled toward head of bed ___ ___

    b. With an assistant but without client help ___ ___

        1) Positioned self and the assistant on opposite sides of the mattress ___ ___

        2) Grasped each side of mattress firmly, and on signal moved mattress to head of bed ___ ___

12. Moved client up in bed ___ ___

13. Helped client turn to side of bed opposite that which was to be made up first ___ ___

14. Loosened linens on side of bed to be made, folded or rolled each piece separately and as close to client as possible ___ ___

15. Straightened mattress pad ___ ___

16. Put client sheet on mattress with center fold near center of bed; tucked sheet under mattress, made mitered corner at top ___ ___

17. Fanfolded other half of sheet and tucked it as close to client as possible ___ ___

18. Unfolded waterproof sheet; straightened it and pulled it tight ___ ___

19. Unfolded drawsheet, left it folded in half from top to bottom; placed center fold near center of bed; tucked one side under mattress ___ ___

20. Moved client to clean side of bed ___ ___

21. Removed soiled linen and placed it in proper receptacle ___ ___

22. Tucked clean linen in sequence snugly under mattress ___ ___

23. Moved client to center of bed ___ ___

24. Unfolded top sheet over bath blanket ___ ___

25. Removed, folded, and put away bath blanket ___ ___

26. Placed blanket and bedspread over client ___ ___

27. Tucked linens in at foot of bed, made mitered corners ___ ___

28. Gently pulled up covers over client's toes to loosen covers over the feet ___ ___

29. Provided for client comfort ___ ___

30. Removed soiled linen ___ ___

31. Performed steps in a timely manner ___ ___

32. Practiced safety rules through procedure ___ ___

33. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Kept clean/dirty linen separate	4	3	2	1
Maintained client comfort	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training

3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required

2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill

1 **Unskilled** - Is familiar with process, but is unable to perform job

JOB SHEET 4

Give a back rub.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands and removed jewelry	___	___
2. Assembled equipment	___	___
3. Explained procedure to client	___	___
4. Provided privacy	___	___
5. Assisted client	___	___
a. Had client turn on side or stomach if condition permitted	___	___
b. Placed bath towel close to client's back to protect bedding	___	___
6. Gave back care	___	___
a. Washed, rinsed, and dried back	___	___
b. Warmed lotion by rubbing it in hands first or by setting lotion container in warm water	___	___

c. Applied lotion to entire back, began at lower back area: applied up both sides of spinal column to neck, across shoulders, and down to lower back area ___ ___

d. Gave attention to bony prominences, reddened areas, or pressure areas ___ ___

7. Adjusted bed covers; assisted client to comfortable position ___ ___

8. Removed equipment, cleaned, and returned to proper place ___ ___

9. Documented procedure and observations ___ ___

10. Performed steps in a timely manner ___ ___

11. Practiced safety rules through procedure ___ ___

12. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ____________________

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Maintained client comfort	4	3	2	1
Warmed lotion	4	3	2	1
Concentrated on pressure areas	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

JOB SHEET 5

Collect routine urine specimen.

Student's name ____________________ Date __________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Took equipment to client's bedside	___	___
3. Explained procedure to client	___	___
4. Provided privacy	___	___
5. Gave bedpan or urinal	___	___
6. After obtaining specimen (1-3 ounces), took bedpan or urinal to bathroom	___	___
7. Poured urine into a graduated container	___	___
8. Covered specimen container and set in safe place (attached label if necessary)	___	___
9. Cleaned bedpan and returned to designated area	___	___
10. Completed tests (optional)	___	___

11. Documented procedure and observations ____ ____

12. Performed steps in a timely manner ____ ____

13. Practiced safety rules through procedure ____ ____

14. Provided satisfactory responses to questions asked ____ ____

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Provided privacy	4	3	2	1
Obtained sufficient sample	4	3	2	1
Covered/labeled specimen container	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING	**Evaluator note:** To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.
PERFORMANCE EVALUATION KEY	4 **Skilled** - Can perform job with no additional training 3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required 2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill 1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 6

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

I

JOB SHEET 6

Collect clean-catch urine specimen.

Student's name ____________________ Date __________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
For female confined to bed		
1. Washed hands	___	___
2. Assembled equipment and took to bedside	___	___
3. Explained procedure	___	___
4. Provided privacy	___	___
5. Draped client with a cover so that the perineum was exposed	___	___
6. Placed client on bedpan	___	___
7. Placed equipment on bed between client's feet	___	___
8. Washed hands	___	___
9. Put on gloves	___	___

10. Cleansed the vulva

    a. Exposed urinary meatus by spreading vulva open using thumb and index finger ____ ____

    b. Moistened cotton ball in cleaning agent ____ ____

    c. Cleansed area with one wipe from pubis to anus; discarded cotton ball ____ ____

    d. Repeated cleansing approximately four more times until area around urethra was free of secretions ____ ____

    e. Rinsed with water; dried with cotton balls ____ ____

11. Had client void small amount of urine in bedpan ____ ____

12. Placed the bottle to catch midstream flow ____ ____

13. Allowed client to finish voiding in bedpan ____ ____

14. Poured urine into specimen container ____ ____

15. Covered bottle; rinsed and wiped the outside without getting any water on the cap ____ ____

16. Removed bedpan and provided for client's comfort ____ ____

17. Removed gloves ____ ____

18. Covered specimen container and set in safe place (attached label if necessary) ____ ____

19. Cleaned equipment and return to designated area ____ ____

20. Documented procedure ____ ____

For female ambulatory client

1. Washed hands ____ ____
2. Assembled equipment and take to bedside ____ ____
3. Instructed client:
    a. While holding labia open with the thumb and index finger, cleanse area from front to back using one cotton ball for each stroke ____ ____
    b. Repeat cleansing three or more times, once on each side of labia and once down center over urinary meatus ____ ____
    c. While still holding labia, commence voiding, allowing first of stream to flow into toilet ____ ____
    d. Catch only midstream urine in a sterile specimen bottle ____ ____
    e. Complete voiding in toilet ____ ____
    f. Cover specimen bottle ____ ____
4. Rinsed and dried outside of bottle after specimen was obtained (attached label if necessary) ____ ____
5. Washed hands ____ ____
6. Cared for equipment ____ ____
7. Documented procedure ____ ____

For male client

1. Washed hands ____ ____
2. Assembled equipment and took to bedside, providing urinal for client confined to bed ____ ____

3. Instructed client:

    a. Cleanse the glans penis with a circular motion, beginning at the meatus and working away from it ___ ___

    b. Repeat cleansing with three or four cotton balls and the cleansing solution ___ ___

    c. Rinse with water ___ ___

    d. Void a small amount into toilet or urinal ___ ___

    e. Catch only midstream urine in a sterile specimen bottle ___ ___

    f. Complete voiding in toilet or urinal ___ ___

    g. Cover specimen bottle ___ ___

4. Rinsed and dried outside of bottle after specimen was obtained (attached label if necessary) ___ ___

5. Washed hands ___ ___

6. Cared for equipment ___ ___

7. Documented procedure ___ ___

8. Performed steps in a timely manner ___ ___

9. Practiced safety rules through procedure ___ ___

10. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ______________________________

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Cleaned perineal area properly	4	3	2	1
Collected mid-stream sample	4	3	2	1
Assisted client as needed	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 7

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

I

JOB SHEET 7

Use a pediatric collecting bag to collect a urine specimen.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Assembled equipment and took to bedside	___	___
3. Explained procedure to client, parent, or caregiver as necessary	___	___
4. Poured solutions into appropriate containers	___	___
5. Placed client in supine position so that genitalia were exposed and legs were froglike	___	___
6. Cleansed genitalia and genital area:	___	___
Females		
a. Dipped wiping material into cleansing agent and squeezed out excess	___	___

b. Wiped labia majora from clitoris to anus and discarded the material; repeated the process ___ ___

c. Wiped area with clear water and clean wiping material ___ ___

d. Repeated process on labia minora while spreading apart the labia with other hand ___ ___

e. Wiped area dry ___ ___

Males

a. Dipped wiping material into cleansing agent and squeezed out excess ___ ___

b. Wiped tip of penis, using a circular motion toward scrotum ___ ___

c. Retracted foreskin, if present, for thorough cleaning ___ ___

d. Wiped area with cleansing solution twice; then wiped with clear water ___ ___

e. Wiped area dry ___ ___

7. Applied collecting bag firmly with opening exposed to receive urine ___ ___

Females

a. Stretched perineum taut during application ___ ___

b. Attached bag to perineum first, then proceeded up to symphysis, making sure that bag edges were sealed securely to prevent leaking ___ ___

Males

a. Placed penis and scrotum inside bag ___ ___

b. Pressed the backing firmly against skin to make sure that bag edges were sealed securely to prevent leaking ___ ___

8. Diapered infant, leaving a corner of the collecting bag visible to see when the bag had urine in it ___ ___

9. Provided comfort; gave additional liquids if allowed ___ ___

10. Washed hands ___ ___

11. After obtaining specimen, filled container and sealed; rinsed and dried outside of bottle (attached label if necessary ___ ___

12. Documented procedure to include time specimen collection started and ended, amount of urine voided, color, and characteristics of urine ___ ___

13. Performed steps in a timely manner ___ ___

14. Practiced safety rules through procedure ___ ___

15. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ____

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Cleaned perineal area correctly	4	3	2	1
Applied bag correctly	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

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PRACTICAL TEST 8

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS *I*

JOB SHEET 8 **Perform Clinitest.**

Student's name ______________________ Date ____________

Evaluator's name ______________________ Attempt no. ________

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Obtained mid-stream urine specimen	___	___
2. Assembled equipment on a table surface near running water	___	___
3. Held test tube approximately 1¼ in (30 mm) from the top of the tube with test tube holder or between thumb and forefinger; with the other hand, drew up five drops of urine with the eyedropper	___	___
4. Dropped urine into center of test tube	___	___
5. Rinsed eyedropper in running water	___	___
6. Drew 10 drops of water into eyedropper and added to urine in the test tube	___	___
7. Removed one Clinitest tablet from bottle and dropped it into the test tube	___	___

8. Continued to hold test tube at top ___ ___

9. Watched while boiling took place ___ ___

10. Shook tube gently after 15 seconds or after boiling stopped; compared with Clinitest color chart; ignored any sediment in bottom of tube and any changes that took place after the 15 second waiting period ___ ___

11. Recorded readings on client's chart and reported any abnormal reading to appropriate persons ___ ___

12. Cleaned work area ___ ___

13. Performed steps in a timely manner ___ ___

14. Practiced safety rules through procedure ___ ___

15. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Did not let urine run down sides of dropper	4	3	2	1
Handled Clinitest tablet without touching	4	3	2	1

Timed test correctly	4	3	2	1
Compared color correctly	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 9

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

I

JOB SHEET 9

Perform indicator tape test for sugar in urine.

Student's name ____________________ Date __________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Obtained urine specimen, used second voided specimen if possible	___	___
3. Took equipment and specimen to work area	___	___
4. Withdrew 1½ in (3.81 cm) of indicator tape from dispenser	___	___
5. Dipped end of tape into urine and removed immediately after it had been uniformly moistened	___	___
6. Waited one minute	___	___
7. Compared tape with color chart on dispenser	___	___
8. Cleaned work area	___	___
9. Recorded findings	___	___

10. Reported any unusual finding to appropriate persons ____ ____

11. Performed steps in a timely manner ____ ____

12. Practiced safety rules through procedure ____ ____

13. Provided satisfactory responses to questions asked ____ ____

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Used indicator tape correctly	4	3	2	1
Selected correct area of color chart	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training

3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required

2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill

1 **Unskilled** - Is familiar with process, but is unable to perform job

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

JOB SHEET 10 **Perform Acetest.**

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Obtained urine specimen	___	___
3. Took specimen to work area	___	___
4. Placed clean, dry, white paper on flat, dry surface	___	___
5. Placed tablet on paper:	___	___
a. Dropped one tablet into lid of bottle	___	___
b. Dropped tablet from lid onto paper	___	___
6. Drew urine into eyedropper	___	___
7. Dropped one drop of urine on tablet	___	___
8. Waited exactly 30 seconds	___	___
9. Compared color of the tablet with color chart on bottle	___	___

10. Recorded findings on appropriate form ___ ___

11. Reported findings to appropriate person ___ ___

12. Performed steps in a timely manner ___ ___

13. Practiced safety rules through procedure ___ ___

14. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Handled paper/tablet correctly	4	3	2	1
Waited correct amount of time	4	3	2	1
Compared color correctly	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 11 — PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS I

JOB SHEET 11

Use a reagent strip to monitor blood glucose.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Assembled equipment and took to bedside	___	___
3. Explained procedure	___	___
4. Had client wash hands with soap and water, if possible, or cleaned finger with alcohol wipe	___	___
5. Chose finger to stick	___	___
6. Put on gloves	___	___
7. Massaged the base of the finger to increase blood flow	___	___
8. Pricked the end of the finger with the sterile lancet	___	___
9. Allowed a large drop of blood to form on the end of the finger	___	___

10. Dropped the blood onto the reagent portion of the strip, covering it completely ___ ___

11. Placed dry cotton ball on finger ___ ___

12. Timed the exact period specified by the reagent strip manufacturer ___ ___

13. Wiped the strip gently three times with a sterile cotton ball ___ ___

14. Compared the color on the strip with the color chart on the package label to determine the blood glucose level ___ ___

15. Disposed of strip and finger-stick lancet in appropriate container ___ ___

16. Cleaned area ___ ___

17. Removed gloves ___ ___

18. Recorded information on appropriate forms; if results were unusual notified appropriate persons ___ ___

19. Performed steps in a timely manner ___ ___

20. Practiced safety rules through procedure ___ ___

21. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ______________________________

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Washed/pricked finger correctly	4	3	2	1
Waited correct amount of time	4	3	2	1
Compared color correctly	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

WRITTEN TEST

PROVIDING CARE FOR MEDICALLY CHALLENGED CLIENTS

I

Name ______________________________ Score __________

OBJECTIVE 1

Discuss universal precautions for health care. Read the following questions, and answer them in the blanks provided.

1. Why are universal precautions important when working with medically challenged clients?

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2. Name the body fluids you should avoid contacting.

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May be photocopied for student use.

3. Name the five universal precautions from the Centers for Disease Control for health care workers to follow.

OBJECTIVE 2

Identify the symptoms, causes, and the guidelines for prevention of pressure sores. Read the case study and then answer the questions following.

Alice's client, Mr. Green, is an elderly gentleman who requires constant supervision. Mr. Green is a diabetic but seldom follows a proper diet. He is incontinent and extremely overweight. He is so heavy that it is hard for Alice to move or position him.

Today Alice is scheduled to help Mr. Green with a shower and a shave before she takes him to the doctor's office. Mr. Green complains about how hard it is to get up so early. He says that his back and shoulders feel numb this morning, especially around the shoulder blades.

While Alice is helping Mr. Green undress for his shower, she notices cracked skin on the back of his heels. She makes a mental note to check his shoes to see if they still fit comfortably.

When Mr. Green is finished with his shower, Alice helps him dry off and put on his robe. While helping him dry his back, she notices that the area around the shoulder blades is still red and warm to the touch. Alice decides to check the water more closely next time she prepares Mr. Green's shower; water that is too hot could be very dangerous.

May be photocopied for student use.

1. When Alice took the position as a respite care provider, she was cautioned by her supervisor to be particularly careful about observing the client for any signs of pressure sores. Mark an "X" in the blank in front of each typical area to watch carefully for pressure sores.

_____ a. Bottom of feet
_____ b. Side of forehead
_____ c. Ankles
_____ d. Arms
_____ e. Hips
_____ f. Base of spine
_____ g. Shoulder blades
_____ h. Back of neck
_____ i. Elbows
_____ j. Heels
_____ k. Legs
_____ l. Ears
_____ m. Back of head
_____ n. Knees
_____ o. Buttocks

2. List the causes of pressure sores.

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3. List the guidelines for preventing pressure sores that Alice could use in caring for her client.

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May be photocopied for student use.

4. When Alice arrives at the doctor's office, the nurse asks if she has observed any signs that pressure sores are forming. What should her reply be?

OBJECTIVE 3

Name the most common method of transmitting infections and apply guidelines for controlling the spread of infection and contagious diseases. Read the case study, and then answer the questions following.

1. You are working at a summer day camp for children with medical problems. Each of the children in your group has medical problems that require constant care, but all are capable of gaining from the camping experience if precautions are taken to ensure safety.

   One morning, Cody, one of your younger campers, does not eat his breakfast. Later as you watch Cody, you notice that he often sits outside the group watching the activities, not participating. When you go to talk to him, you notice that he has red, watery eyes and a flushed face. Cody tells you that he has a sore throat and his stomach hurts.

   What should you do?

2. What is the most common method of transmitting infections from one person to another?

May be photocopied for student use.

3. Your duties as a respite care provider mean that you come in contact with germs that could be transferred from one person to another. List the situations when you should be particularly cautious about washing your hands.

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OBJECTIVE 4 **Provide information about daily care of the client with diabetes.**

1. Identify signs and symptoms of diabetes by marking an "X" in the blank before each sign or symptom of diabetes.

_____ a. Hair loss

_____ b. Increased thirst

_____ c. Cracks in skin

_____ d. Feelings of nausea

_____ e. Fever

_____ f. Increased urine production

_____ g. Pain and stiffness in the neck

_____ h. Sore throat

_____ i. Increased hunger

_____ j. Weight loss

May be photocopied for student use.

2. List four complications that can result from uncontrolled diabetes.

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3. List the guidelines for treatment of a client with Type I diabetes.

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4. You are providing respite care for Terry, a high school student with Type I diabetes. When you arrived this morning, Terry said she was not feeling very well. She complained of weakness and fatigue, stomach pains, and body aches all over. Soon she became drowsy and fell asleep. Later when you went in to check on her, she was having difficulty breathing, and her skin was flushed and dry.

   You suspect Terry may have caught the flu. When you check the care plan to determine how long she has been ill and if any medication has been given, you see that she has been vomiting and has not kept anything solid on her stomach since yesterday. The care plan shows that before you came this morning, she drank several large glasses of fruit juice to help her dry mouth.

   What treatment should you offer and why?

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May be photocopied for student use.

OBJECTIVE 5 **Provide information about daily care of the client with cancer.**

1. Your client is receiving radiotherapy treatment and requires special care. What side effects will you watch for, and what type of care will be required?

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2. Name the responsibilities of the provider for assisting clients who have cancer and their families throughout the illness.

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5. Other than death, what is biggest concern for the person with cancer? What is your role?

Concern:

____

Your role:

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May be photocopied for student use.

OBJECTIVE 6 **List and discuss guidelines for daily care of the pediatric client.**

1. Children may react to the stress of an illness in a variety of ways. List the typical changes that you might anticipate.

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2. Discuss guidelines for working with children in the following areas:

Routines:

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Discipline:

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3. Describe common effects of illness on children in developing social behavior.

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May be photocopied for student use.

OBJECTIVE 7 **List and discuss guidelines for daily care of the geriatric client.**

1. Physical changes are a normal part of aging. List the physical changes that could affect the health of the geriatric client.

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2. There are several factors that affect a geriatric client's food intake. Describe ways to overcome the factors listed below.

Nausea:

____

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Constipation:

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Loneliness:

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Fatigue:

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Pain:

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May be photocopied for student use.

OBJECTIVE 8

List guidelines for assisting clients who have memory loss or confusion. List the guidelines in the blanks below.

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NOTE: Objectives 9-19 are evaluated on job sheets/assignment sheets in this unit. If you have not completed these components, see your instructor.

May be photocopied for student use.

OBJECTIVE 1

1. To protect yourself, your clients, and other people you come in contact with from the spread of infectious diseases.

2. Answer should include the following body fluids:

   - Blood
   - Feces
   - Urine
   - Saliva
   - Vomitus
   - Semen
   - Nasal discharge
   - Fluids from scrapes or cuts

3. - Use barrier precautions to prevent skin and mucous membrane exposure to blood and body fluids.

   - Wash hands and other skin surfaces immediately and thoroughly if they become contaminated with blood or other body fluids and after removing gloves.

   - Take care to prevent injuries from needles and other sharp instruments. Be especially careful when performing procedures, cleaning used instruments, disposing of used needles, and handling sharp instruments after procedures.

   - Store mouthpieces, resuscitation bags, and other ventilation devices in areas where the need for resuscitation is predictable. This will help minimize the need for emergency mouth-to-mouth resuscitation.

   - Health-care workers who have open lesions or weeping dermatitis should not care for clients or handle equipment until their condition is resolved.

OBJECTIVE 2

1. c, e, f, g, i, j, l, n, o

2. - Pressure
   - Irritation
   - Poor nutrition
   - Dampness

3. - Help client change positions frequently, at least every two hours

   - Assist client with exercise or activity as indicated in care plan

   - Provide padding under bony prominences

   - Be sure bedding is wrinkle-free

   - Have client wear nonrestrictive clothing

   - Provide good nutrition for the client

   - Keep client's skin clean and dry

   - Check client's skin for reddened areas

   - Massage any red areas gently to stimulate circulation, especially bony areas such as shoulders, tailbone, elbows, and heels

4. Yes, she has seen the following signs of pressure sores forming:

   - Redness and heat around shoulder blades
   - Cracks in skin on backs of heels
   - Numbness around shoulder blades

OBJECTIVE 3

1. Isolate Cody: he may have a contagious disease. Call Cody's parents to come and get him; advise them that he should stay home until he is well.

2. Unwashed hands

3. - Whenever performing a service for a client where body contact occurs

   - After handling the client's personal articles

   - Before and after food preparation

   - Before and after eating

   - After using a handkerchief or tissue

   - After using the toilet

OBJECTIVE 4

1. b, f, i, j

2.
   - Blindness
   - Kidney damage
   - Nerve damage
   - Circulatory disorders

3.
   - Make sure client takes proper insulin dosages daily.
   - Make sure client follows a prescribed diet.
   - Have client eat at regular intervals.
   - Encourage regular exercise and activity.

4. Answer should include the following information:
   - Terry may be suffering from hyperglycemia
   - Test urine for ketones, a sign of ketoacidosis
   - Call the doctor if any of the following signs are present:
     - Moderate to large amounts of ketones in the urine
     - High blood glucose levels
     - Severe nausea
     - Vomiting
     - Abdominal pain
     - Rapid breathing

OBJECTIVE 5

1. Side effects: More tiredness than usual

   Treatment: Special skin care as directed by physician

2.
   - Administer medication as prescribed
   - Deal with the side effects of treatment (such as constipation caused by medications and diarrhea caused by chemotherapy)
   - Meet client's nutrition needs
   - Prevent skin breakdown
   - Prevent bowel elimination problems
   - Allow adequate rest and exercise

- Help clients and their families understand client's care and treatment
- Help clients and families understand the effects that the care and treatment have on their lives
- Help client establish new routines and adjust to limitations
- Encourage as normal a life as possible for the client
- Help clients maintain dignity and self-respect throughout illness

5. Client's concern: Suffering and pain

   Your role: To administer medication as prescribed, to deal with the effects of treatment, and to observe and document when a client is in pain and the effectiveness of the medication.

OBJECTIVE 6

1. - Withdrawal, nonverbalized fear and anxiety
   - Aggressive acting-out behavior
   - Rigid obedience and great efforts to please
   - Nightmares
   - Fear of the dark
   - Fear that parent is going away

2. Routines: Follow established routines as much as possible. The fewer changes there are, the better the child will feel about the situation. Change routines only with the permission of the parents.

   Discipline: Give structure and guidance. Put limits on behavior. Use effective behavior management techniques.

3. Constant attention may cause child to develop an unhealthy attitude concerning own importance

   Lack of stimulation promotes apathy

   Lack of social relationships may delay social skills; provide opportunities for children to socialize

OBJECTIVE 7

1. - Slowing of the metabolic process
   - Slower reflexes
   - Poor circulation
   - Sensory change
   - Drier and less-sensitive skin
   - Loss of teeth
   - Loss of balance
   - Nutritional problems

2. Nausea: Serve frequent small, cold meals; advise client to eat slowly

   Constipation: Increase amount of fluids and fiber in client's diet

   Loneliness: Have client share meal time with others

   Fatigue: Have client rest before meals to increase appetite

   Pain: Serve food when pain medication is most effective

OBJECTIVE 8

- Maintain a calm, patient, understanding, and respectful approach to the client.
- Give simple instructions, one step at a time.
- Encourage the client to make simple decisions limited to a single choice, such as "Do you want to watch television or take a nap?"
- Recognize the client who is becoming frustrated with trying to remember things, ideas, or words; and offer assistance.
- Show respect to client and to the client's experiences and talents.
- Encourage and assist client to relate to people and memories that are familiar and pleasant.
- Provide orientation to clients with mild memory loss by discussing the situation in normal conversation.
- Communicate that client is still a worthwhile human being.
- Prevent injury to the client.

OBJECTIVE SHEET

PROVIDING CATHETERIZATION AND OSTOMY CARE *II*

INTRODUCTION

Some of the clients you care for may have catheters, which are tubes used to inject or remove fluids from the body. Urinary catheters allow urine to drain from the bladder for one or several reasons:

- To keep an incontinent person dry
- To keep the bladder empty so an infected area can heal
- To ensure that the bladder empties completely
- To allow accurate measuring of the client's urinary output

Any client who must have a urinary catheter, either continuously or periodically, is at special risk for developing a urinary-tract infection. As many as ninety-five percent of all persons who have catheters develop such infections. Caring properly for urinary catheters is therefore extremely important.

Other clients may have ostomies, which are surgical procedures that create artificial openings in the abdomen for the discharge of intestinal or urinary waste. These openings may consist of part of the intestine or one or both of the ureters. As a respite care provider, you must assist with your client's changed elimination needs in a supportive, accepting manner.

PREREQUISITE

Basic Respite Care

UNIT OBJECTIVE

After completing this unit, you will be able to demonstrate proper techniques of urinary catheter care. You will demonstrate these competencies by completing the assignment sheets and written test with a minimum of 85 percent accuracy.

SPECIFIC OBJECTIVES

After completing this unit, you will be able to:

1. Match terms associated with urinary catheters and ostomies to their correct definitions.
2. Identify catheter parts and body parts involved in catheterization.
3. List ways to make sure an indwelling catheter drains properly.

4. State ways to reduce a client's danger of contracting a urinary-tract infection.

5. Identify signs and symptoms of a urinary-tract infection.

6. Explain what to do if you suspect that the client has a urinary-tract infection. (Assignment Sheet)

7. Provide care for an indwelling urinary catheter. (Job Sheet 1)

8. Empty a drainage bag and measure urinary output. (Job Sheet 2, Activity Sheet)

9. Clean a drainage bag. (Job Sheet 3)

10. Insert a urinary catheter. (Job Sheet 4)

11. Irrigate an indwelling catheter. (Job Sheet 5)

12. Collect a urine specimen from an indwelling catheter. (Job Sheet 6)

13. Remove an indwelling catheter. (Job Sheet 7)

14. Change a stoma bag. (Job Sheet 8)

15. Catheterize an ileoloop. (Job Sheet 9)

16. Irrigate a colostomy. (Job Sheet 10)

SUGGESTED ACTIVITIES

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

PREPARATION

- Obtain materials to supplement unit, including male and female catheterization and ostomy simulators and equipment needed to demonstrate procedures.

  Note: See Suggested Resources

- Review instructional outline for this unit. Modify time frames to suit class needs and plan activities for each class period.
- Display posters, catalogs, brochures, and magazine articles to provide more information about specific types of urinary catheters and their care.
- Prepare bags of different kinds of "urine" for the Activity Sheet. Use items such as food coloring, milk, sugar, smoke flavoring, and sand to produce "urine" with varying colors, clarity, odors, and amounts of precipitates.

DELIVERY

Objective 1: Match terms associated with urinary catheters and ostomies to their correct definitions.

- Show actual items of equipment listed in Objective 1; pass them around in class for students to see.
- Show class different illustrations of body parts mentioned in Objective 1.
- Discuss the uses of different types of urinary catheters.

Objective 2: Identify catheter parts and body parts involved in catheterization.

- Use illustrations in the book to point out the different parts of an indwelling catheter; relate to an actual catheter.
- Relate body parts shown on the illustrations to parts of the catheterization simulators or mannequins.

Objective 3: List ways to make sure an indwelling catheter drains properly.

- Discuss the importance of maintaining the free flow of urine through the tubing.

- Compare catheterization with the process of siphoning; gravity helps both work properly.
- Demonstrate proper placement of the drainage bag in relation to the tubing, bladder, and client's legs.
- Compare a kink in the tubing to a kink in a garden hose; both act as a clamp to stop the flow.
- Demonstrate how to remove kinks from the tubing.
- Demonstrate transferring a catheterized "client" from one place to another without dislodging the catheter or causing kinks in the tubing.
- Set up stations showing different situations in which urine cannot drain properly; have students correct the problem at each station.

Objective 4: State ways to reduce a client's danger of contracting a urinary-tract infection.

- Discuss clean technique.
- Point out the need to keep an indwelling catheter system closed except for only three procedures; discuss those procedures.
- Discuss the warning against encouraging some clients to take extra liquids.

Objective 5: Identify signs and symptoms of a urinary-tract infection.

- Point out why being alert for signs and symptoms of a urinary tract infection is important.
- Discuss characteristics of normal urine and what might cause variations in those characteristics.

Objective 6: Explain what to do if you suspect that the client has a urinary-tract infection.

- Stress reporting suspicions of an infection to your supervisor for further instructions.
- Have students complete Assignment Sheet.

APPLICATION

Objective 7: Provide care for an indwelling urinary catheter.

- Stress the importance of giving catheter care at least once daily.
- Discuss client's embarrassment as a factor in giving catheter care and identify ways to deal with the embarrassment.
- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 1.

Objective 8: Empty a drainage bag and measure urinary output.

- Review how to measure liquids from "Administer Medication" in *Basic Respite Care*.
- Review information on charting any care provided to the client.
- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 2.
- Provide students with drainage bags of various types of "urine." Have students complete Activity Sheet.

Objective 9: Clean a drainage bag.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 3.

Objective 10: Insert a urinary catheter.

- Review how to put on sterile gloves, refer to "Administer Medications" from *Basic Respite Care*.
- Point out that a male client's erection would affect the insertion procedure. Explain that care providers should ask the client to concentrate on breathing deeply to distract his attention form the insertion procedure; if this does not work the procedure should be tried later.
- Explain the difference between clean and sterile techniques, and discuss why the self-catheterizing patient may use clean technique.
- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 4.

Objective 11: Irrigate an indwelling catheter.

- Discuss why irrigating a catheter may be necessary and identify causes of urinary catheter obstructions.
- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 5.

Objective 12: Collect a urine specimen from an indwelling catheter.

- Discuss why this method would be used to collect a urine specimen.
- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 6.

Objective 13: Remove an indwelling catheter.

- Point out that indwelling catheters are not reused because the balloon would be too weak to hold the catheter in place again.
- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 7.

Objective 14: Change a stoma bag.

- Point out the different types of ostomies and the need for each type.
- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 8.

Objective 15: Catheterize an ileoloop.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 9.

Objective 16: Irrigate a colostomy.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 10.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify material in unit or create supplementary materials for individual students as required.

Practical Test

- Evaluate student performance on job sheet activities if not previously done.
- Give practical test.
- Complete appropriate section of competency files.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked on the written test to demonstrate actions listed in the specific objectives.
- Evaluate students on assignment sheet activities if not previously done.
- Give written test.

  NOTE: The Written Test may be given in sections if desired.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Electronic Media

- *Clean Intermittent Catheterization*, 25 minutes. This VHS video, recognized for excellence by the International Television and Video Association, shows the step-by-step procedure for catheterizing children. It begins with goals and objectives and ends with self-tests. A manual accompanies the videotape.

  NOTE: This video is available on loan to Oklahoma teachers at no charge from the Oklahoma Department of Vocational and Technical Education, 1500 W. Seventh Avenue, Stillwater, Oklahoma 74074-4364, 405 377-2000. Out of state teachers may order from Learner Managed Designs, Inc., 2201 K West 25th Street, Lawrence, Kansas 66046.

Medical Models and Simulators

- Anatomical Chart Company, 8221 Kimball Avenue, Skokie, Illinois 60076, 800-621-7500.
- Health Edco, Inc., P.O. Box 21207, Waco, Texas 76702, 800-299-3366 X295.

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INFORMATION SHEET

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

OBJECTIVE 1

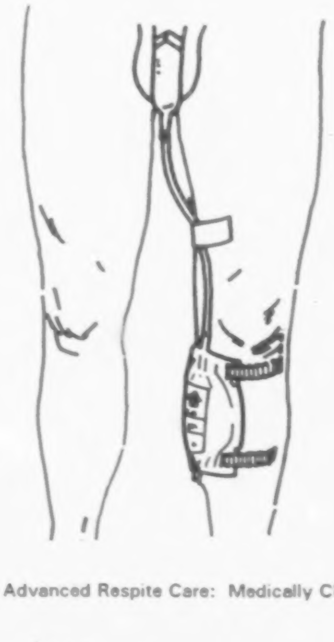
Match terms associated with urinary catheters and ostomies to their correct definitions.

- **balloon** — area of the indwelling catheter that is inflated with water after the catheter is inserted into the bladder to hold the catheter in place
- **bladder** — body part that stores urine
- **colostomy** — surgical removal of part of the colon and creation of a new opening from the large intestine for elimination of waste
- **drainage bag** — soft plastic collector that holds urine drained by the catheter and gravity

NOTE: Ambulatory clients may wear a leg bag, which is a drainage bag strapped to a thigh or calf and covered by a skirt or pants. The leg bag is smaller than the standard drainage bag and must be emptied more often. Most clients who wear leg bags switch to a conventional one at night. Care for the two types of bags is the same.

One type of leg bag is the *Texas catheter,* which some male clients may use (Figure 1). It looks like a condom with tubing attached at the end.

FIGURE 1



- **eye** — hole in one end of the catheter, through which urine enters from the bladder

  NOTE: Some catheters have more than one eye.

- **graduate** — calibrated container used for measuring liquids; often marked in both ounces (oz) and milliliters (ml) or cubic centimeters (cc)

- **ileoconduit (ileoloop)** — surgical procedure that diverts ureters from the bladder to a portion of the small intestine that has been removed and adapted to become a reservoir for urine; one end of removed intestinal part forms a stoma in the abdomen

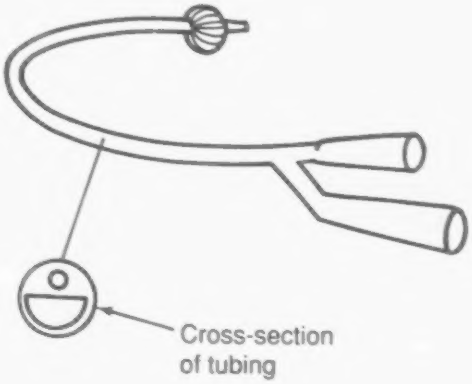
- **ileostomy** — surgical removal of entire colon and creation of a new opening from the small intestine

- **incontinence** — inability to control the bladder

- **indwelling urinary catheter** — flexible rubber or plastic tube that is inserted into the bladder to allow urine to drain continuously; also called *Foley catheter* (Figure 2)

  NOTE: Some clients have catheters that look like indwelling catheters but are surgically inserted into the bladder or kidneys through the skin. If your client has one of these catheters, your supervisor will give you special instructions how to care for it.

FIGURE 2



- **intermittent catheterization** — draining urine periodically from the bladder

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- **meatus** — external opening of the urethra; in men it lies at the tip of the penis, and in women it lies just above the vagina

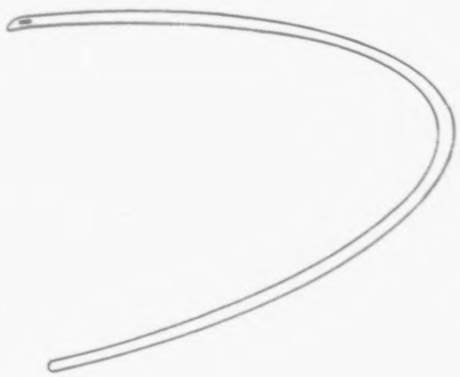
- **ostomy** — operation that creates a new opening in the abdomen for elimination of urinary or fecal wastes

- **port** — end of the indwelling catheter that does not connect to the tubing; it allows a syringe to be attached for inflating the balloon

- **stoma** — temporary or permanent opening for elimination of body wastes, created in the gastrointestinal or urinary system by bringing part of the intestine or ureter to the abdominal surface and folding it back turtleneck style

- **straight catheter** — flexible rubber or plastic tube that is inserted into the bladder and then removed as soon as the urine is drained (Figure 3)

FIGURE 3



- **urethra** — canal leading from the bladder to the meatus, through which urine leaves the body

- **urostomy** — surgical removal or bypass of the bladder and creation of a new opening, which is made from a short piece of intestine or one or both of the ureters, for eliminating urine

OBJECTIVE 2 **Identify catheter parts and body parts involved in catheterization.** (Figures 4 and 5)

FIGURE 4

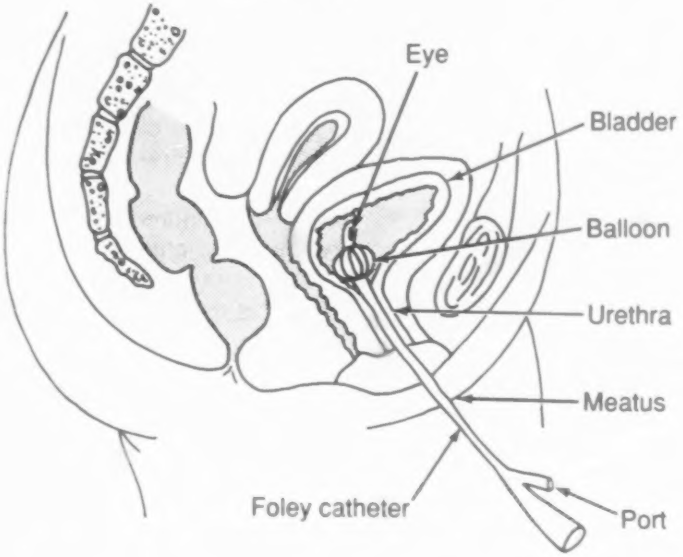
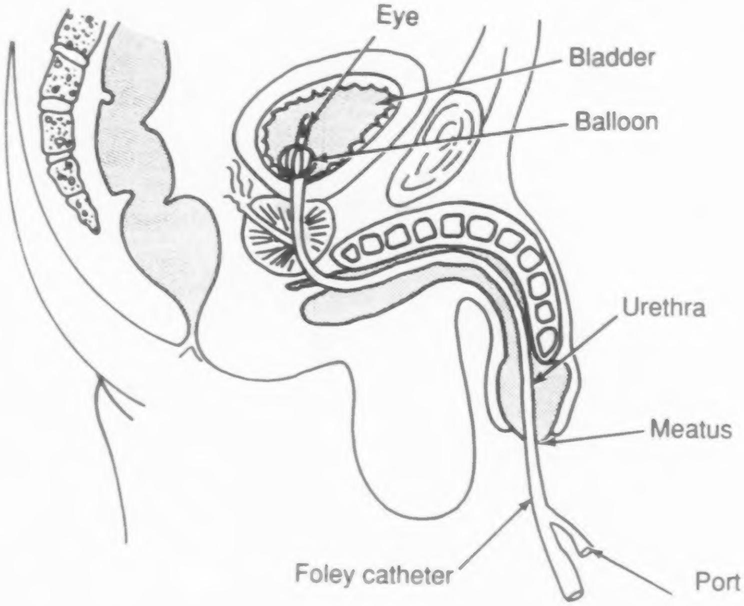

Eye
Bladder
Balloon
Urethra
Meatus
Foley catheter
Port

FIGURE 5


Eye
Bladder
Balloon
Urethra
Meatus
Foley catheter
Port

Figures 4 and 5 adapted from *Mosby's Textbook for Nursing Assistants*, 2nd edition, by Sheila A. Sorrentino, copyright 1987. Used with permission of C. V. Mosby Company, St. Louis.

OBJECTIVE 3

List ways to make sure an indwelling catheter drains properly.

Because urinary catheters drain by gravity, anything that interferes with gravity can prevent the bladder from emptying completely and can lead to urinary-tract infections. Anything that acts like a clamp on the tubing can also obstruct the normal flow.

Guidelines

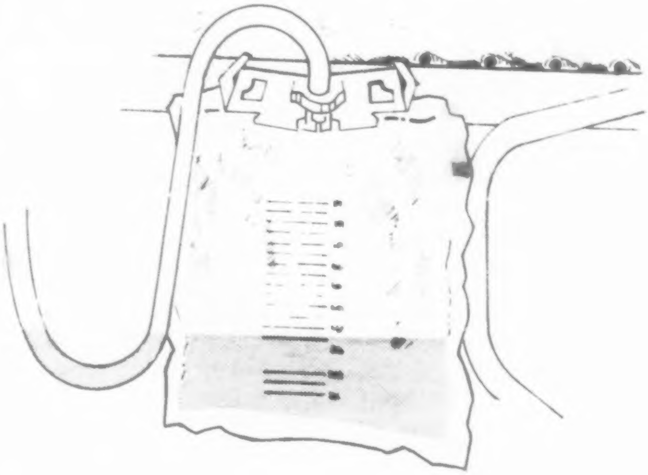
- Keep the drainage bag below the level of the bladder.

  NOTE: When the bag is above this level, urine can drain back into the bladder (this is called *backflow*) and introduce disease-causing microorganisms from the bag or from the old urine.

- Keep the tubing above the level of the drainage bag. Urine can collect in tubing that is lower than the bag, causing leakage or backflow (Figure 6).

  EXAMPLE: If the client is lying in bed, loosely coil the tubing and pin it to the bed so that none of the loops fall below the level of the bag.

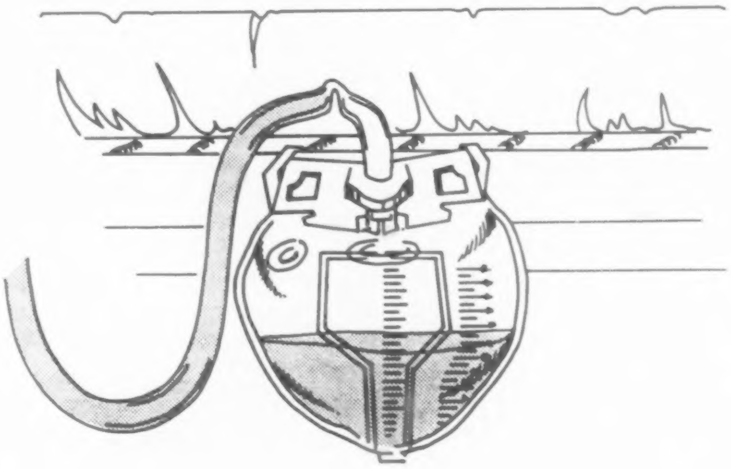
FIGURE 6



- Do not let the tubing kink. A kink acts like a clamp and slows or stops the flow of urine.

  NOTE: Kinked tubing prevents the urine from draining freely. When the urine is allowed to settle, disease-causing microorganisms can grow. If the tubing remains kinked for a long time, so much urine can accumulate that backflow occurs (Figure 7).

FIGURE 7



- Make sure the tubing rests over the client's leg if the client is lying in bed or sitting in a chair; sitting or lying on the tubing can obstruct the flow of urine.
- Be sure the bag and tubing are free when you transfer a client (from a bed to a chair, for example) to prevent any sudden jerking on the catheter that may cause kinks or dislodge the catheter.

OBJECTIVE 4 **State ways to reduce a client's danger of contracting a urinary-tract infection.**

The most serious complication of urinary catheters is infection of the urinary tract. Because the bladder is normally sterile, any foreign object that enters it makes the person susceptible to infection. Research has shown that the hands of care givers are one of the primary sources of infection. Therefore, the most important thing you can do is use clean technique.

Guidelines

- Use clean technique.
  - — Scrub your hands thoroughly with soap and warm water before and after touching the catheter, the drainage bag, the graduate, or the client.
  - — Wear clean gloves when providing general catheter care. Wear sterile gloves for inserting a catheter.
  - — Wash the graduate with soap and hot water.
- Provide catheter care at least once a day.
- Keep the indwelling catheter system closed (not open to the environment) as much as possible. Open the system for only three procedures:
  - — Draining the bag
  - — Removing the regular drainage bag to attach a clean bag or a leg bag
  - — Irrigating the catheter
- Make sure the catheter drains properly.
- Empty the drainage bag frequently.

  NOTE: Always empty the bag before it becomes two-thirds full.
- Encourage the client to drink lots of liquids, if appropriate.

  NOTE: Plenty of liquids help keep the urine flowing, thus preventing it from having time to settle and grow bacteria.

WARNING: Check the client's care plan before offering liquids. Some clients may have their fluids restricted for medical reasons.

OBJECTIVE 5 **Identify signs and symptoms of a urinary-tract infection.**

The most serious problem related to urinary catheters is infection. The longer a client has an indwelling catheter, the more the chance of infection increases. One of your most important responsibilities is to watch for signs and symptoms of a urinary-tract infection.

Signs and symptoms

- Increased body temperature (fever)
- Chills
- Aching in abdomen or catheter area
- Abdominal pain or tenderness
- Burning feeling in the bladder or meatus
- Changes from normal urine's color, odor, consistency, clarity, or volume

EXAMPLES: Pinkish, bloody urine
Sweet or foul smell
Sediment or clots in urine
Cloudy appearance
Volume less than 700 cc per day (adult)

Characteristics of normal urine

Color—Straw yellow to amber

Odor—Aromatic

Consistency—No sediment or clots

Clarity—Clear

Volume—1000 to 1500 ml per day (adult)

Name ______________________ Score ____________

MEASURE, EVALUATE, AND RECORD URINARY OUTPUT

INTRODUCTION

Language Skills
- Use standard grammar, spelling and capitalization
- State ideas clearly

Functional Writing Skills
- Complete forms & records

Operation and Calculation Skills
- Calculate with whole numbers

Functional Math Skills
- Make measurements

The amount and characteristics of the client's urine can indicate health or illness. Always carefully document the amount and appearance of urine you empty. Any abnormal color, odor, consistency, clarity, or volume must be noted on the client's chart. If you spill some urine while emptying the bag, or if the catheter or bag leaks, always chart this fact and try to estimate the spilled amount.

Your client may also have a special output record in addition to the chart. If so, be sure to record the amount of output here as well.

Your instructor will provide sample bags containing different types of "urine." Measure, evaluate, and record each sample on the output record and the client's chart. Your notes should include the time you emptied the bag, the amount of urine, your observations, and your signature.

EXAMPLE: Output record

Output Record for 9-15-92

Time emptied	Amount in cc
0700	*300*
1100	*450*
1500	*325*
1900	*300*
2100	*125*
24 hr total	*1500cc*

Physical Science Skills
- Analyze/classify matter

Cognitive Activities Skills
- Collect/record information

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

EXAMPLE: Client's chart

Date	**Time**	**Notes**
9/15/92	*0700*	*Drained catheter bag of 300 cc clear pinkish urine.* *K. Morrow*

ACTIVITY ANSWERS

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

ACTIVITY SHEET

Evaluate to the satisfaction of the instructor.

ASSIGNMENT SHEET

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

Name ______________________________ Score ____________

OBJECTIVE 6

Explain what to do if you suspect that the client has a urinary-tract infection.

INTRODUCTION

Language Skills
- Use standard grammar, spelling, and capitalization
- State ideas clearly

Cognitive Activities Skills
- Draw conclusions

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

A urinary-tract infection can be very serious and can lead to other problems. You learned the signs and symptoms of urinary-tract infections in the previous section. If your client displays any of them, you should follow these steps:

1. Take the client's temperature.
2. Look for changes in the client's urine (color, odor, consistency, clarity, amount).
3. Ask client whether he or she has chills or whether there is any burning, aches, or pain in the abdomen or catheter area.
4. Check to see if the meatus looks red, swollen, or irritated.
5. Check to see if the catheter is leaking at the insertion site.
6. Chart your observations carefully.

   NOTE: Remember the differences between objective and subjective information.

   EXAMPLE: (date) (time) Client said that "catheter hurts." Urine dark yellow and cloudy. No leaking noted. Meatus pink with no swelling or irritation. Temperature taken orally; 100° F. (signature)

7. Report the information to your supervisor and chart that you reported it.
8. Follow your supervisor's instructions and continue to monitor your client's signs and symptoms. When you are actually caring for a client who has an indwelling urinary catheter, several types of problems may occur at the same time. This assignment gives you the opportunity to think about such situations before they occur.

DIRECTIONS

As you read the following case studies, think about all the information you have learned in the unit so far. Decide how you should handle each one. Write your answers below each case study. Remember that the client's well-being is your first priority.

Case Study 1

When you arrive at your client's home, he complains that his catheter is bothering him. When you ask him to describe the feeling more specifically, he says that "the catheter burns, and my stomach hurts." You examine the meatus and see that the skin is red and swollen.

What do you do?

Case Study 2

Your client, a thirteen-year-old girl, has been asleep for several hours. When you begin to empty her drainage bag, you notice that there is hardly any urine in it.

What do you do?

Case Study 3

It is 4:00 p.m. You read the client's output record and notice that he has produced only 150 ml of urine since 6:00 a.m.

What do you do?

Case Study 4

You arrive at a new client's home for the first time. Her parents tell you they have just emptied the drainage bag, so you begin to give catheter care. As you are cleaning the meatus, you notice that the catheter is crusted with dried secretions and appears not to have been cleaned for several days.

What do you do?

ASSIGNMENT SHEET

Case Study 1

- Take your client's temperature.
- Observe for changes in the urine.
- Check whether the catheter is leaking.
- Chart your observations and report them to your supervisor immediately.

Case Study 2

- Check the tubing's position: the client may be lying on the tubing, the tubing may be kinked, or it may be hanging below the level of the bag.
- Make sure the catheter is not leaking.
- Check that client did not accidentally pull out catheter.
- Check for signs and symptoms of a urinary-tract infection.

Case Study 3

- Check tubing position.
- Check for other signs and symptoms of a urinary-tract infection.
- Notify your supervisor even if there are no more signs or symptoms of a urinary-tract infection; decreased urine output may signal other problems.

Case Study 4

- Finish giving catheter care, being especially thorough around the meatus.
- Chart your observations of the crusted secretions.
- Explain to the parents, in a nonjudgmental way, the importance of giving daily catheter care.

JOB SHEET 1

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

Name ______________________ Score __________

OBJECTIVE 7

Provide care for an indwelling urinary catheter.

INTRODUCTION

Functional Writing Skills
- Complete forms & records

Urinary catheter care is an important way to decrease the client's risk of infection. It also adds to the client's comfort. Give catheter care at least once a day, preferably twice a day. Daily maintenance of the catheter includes using soap and water at bath time or any time it becomes soiled.

An indwelling catheter may be left in for an indefinite period as long as it drains properly, there is no breakage or clogging, and there are no signs of infection.

EQUIPMENT AND SUPPLIES

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

- Soap and water
- Clean gloves
- Cotton balls
- Antibiotic ointment (if used)
- Tape
- Povidone-iodine solution or other cleaning solution that client normally uses

---

CAUTION: If you use povidone-iodine, check to make sure the client is not allergic to it.

PROCEDURE

1. Explain procedure to client.
2. Gather equipment and materials.
3. Provide for the client's privacy.

   NOTE: Although clients know this is a necessary procedure, they still may find it embarrassing. Drape the client with a sheet and ask any visitors to leave the room during the procedure.

4. Assist in positioning and draping as appropriate.
5. Pour cleaning solution over several cotton balls to soak them.

6. Wash your hands thoroughly.

7. Untape the catheter.

8. Again scrub hands thoroughly with soap and warm water.

9. Put on clean gloves.

10. Clean the meatus.

    NOTE: As you are cleaning, observe for any signs of redness, swelling, or skin irritation.

    a. **Female client:**

        1) Separate the labia with one hand, holding catheter so that urine is flowing downward.

        2) With other hand, squeeze the excess solution from a cotton ball.

        3) Wipe *downward* and *outward* on one side of the meatus; discard cotton ball.

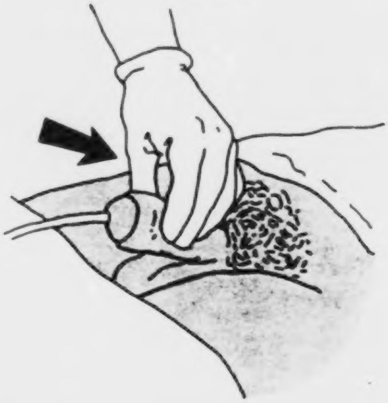
            NOTE: Do not let the solution run down the catheter into the urethra.

        4) Repeat to clean other side and center of meatus, using a fresh cotton ball for each stroke.

    b. **Male client:**

        1) Raise the penis and retract foreskin ½ to 1 inch (Figure 8).

FIGURE 8



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2) Squeeze the excess solution from a cotton ball.

3) Use the cotton ball to clean the meatus, beginning at the catheter's point of insertion and moving in a circular direction toward the base of the head of the penis.

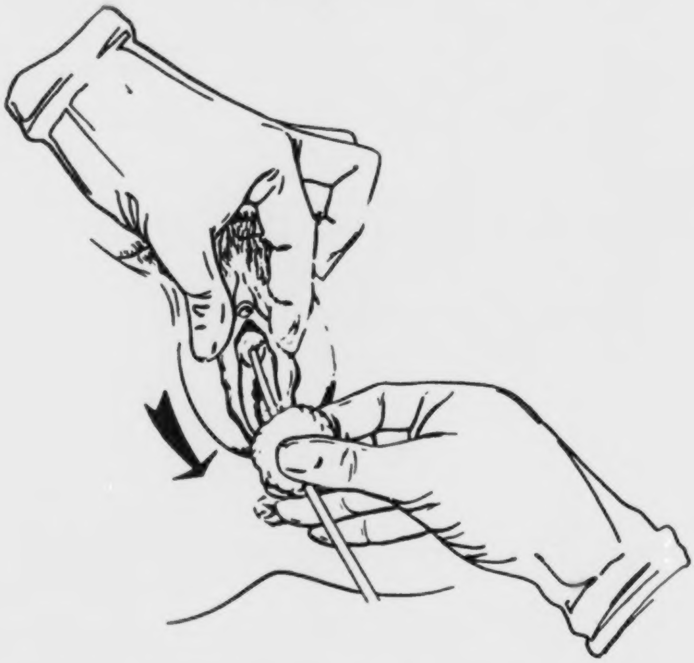
4) Repeat steps 9b and 9c, using a *fresh* cotton ball.

11. Clean catheter:

   a. Using a fresh saturated cotton ball, clean the catheter at the meatus.

   b. Clean down the tubing — *away* from the body — to the "Y" in the tubing (Figure 9).

FIGURE 9



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12. Clean excess solution from tubing with fresh, dry cotton balls.

13. Using a clean, dry cotton ball, apply a small dab of ointment (if used) to the meatus.

14. Release the foreskin of male client.

15. Retape the catheter to the client's thigh, allowing enough slack for client movement (Figures 10 and 11).

    NOTE: For a male client, you can tape the catheter to the abdomen or thigh. Tape it securely, but allow enough slack so that the client can lie down flat without pulling the catheter.

FIGURE 10

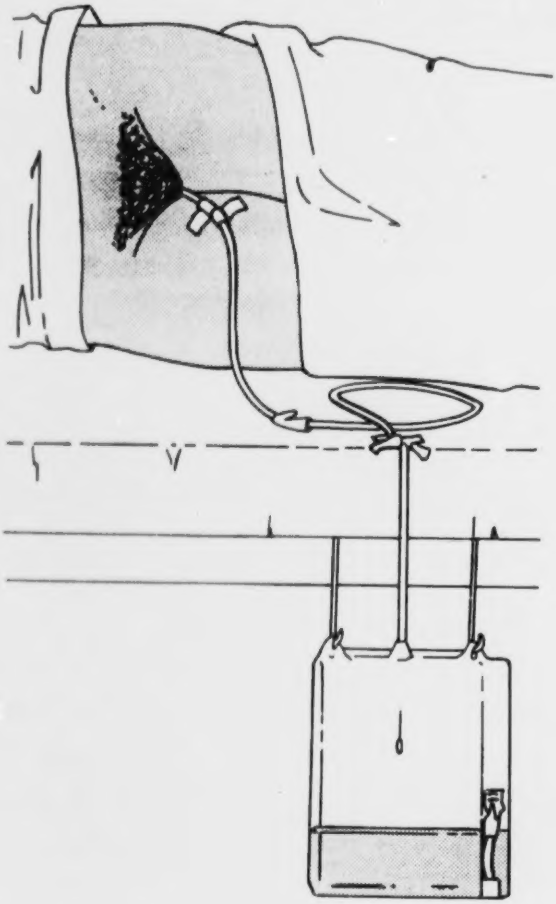
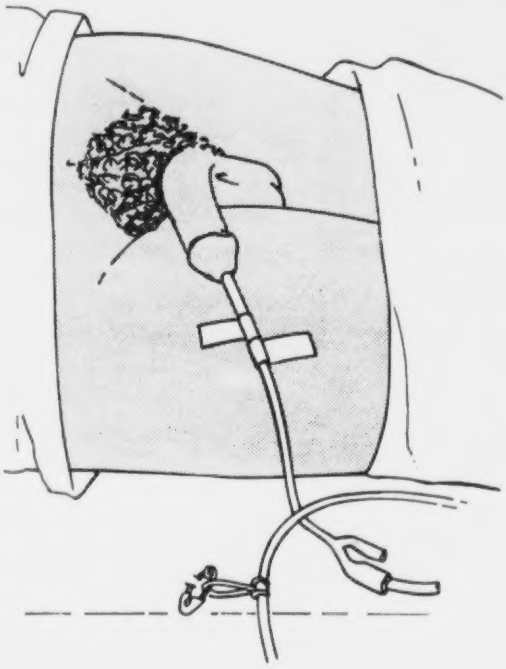


FIGURE 11



Figures 10 and 11 from *Fundamentals of Nursing*, Third Edition, by Barbara Kozier and Glenora Erb (Menlo Park, CA: Addison-Wesley Publishing Company, 1987), p. 1268. Reprinted by permission.

16. Make sure urine is flowing freely into the bag.

17. Check that the bag and tubing are positioned correctly.

18. Position client for comfort.

19. Remove gloves and wash hands well.

20. Put away equipment and dispose of used supplies.

21. Document procedure and your observations.

JOB SHEET 2 — PROVIDING CATHETERIZATION AND OSTOMY CARE — II

Name ______________________ Score __________

OBJECTIVE 8 **Empty a drainage bag and measure urinary output.**

INTRODUCTION

The drainage bag is *calibrated* (it has measurements marked it), but these measurements are only good for a general estimate. For an accurate measurement, you must drain the urine into another container, or *graduate*.

The graduate can be any calibrated container — a urinal, a measuring cup, or a graduate made just for this purpose. Graduates are often marked in both ounces (oz) and milliliters (ml) or cubic centimeters (cc). Use the measurement your agency prefers (1 oz = 30 ml = 30 cc).

- Always measure and record the amount of urine you empty (called *output*). People who produce too much or too little may have other medical problems; the output record may help diagnose or track a health problem.
- Drain urine from bag into graduate to measure it.

CAUTION: Use this graduate *only for measuring* ***this client's urine*** — never for anything else.

- Do not let the drainage tube touch the graduate.
- Check to see if the drainage bag needs emptying as soon as you arrive.
- Empty the drainage bag before it becomes two-thirds full.
- Empty the bag before you leave the client's home.
- Write down the amount of urine you emptied as soon as you measure it. Do not wait until you finish the entire procedure.

Functional Writing Skills
- Complete forms & records

Operation and Calculation Skills
- Calculate with whole numbers

Functional Math Skills
- Make measurements

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

EQUIPMENT AND SUPPLIES

- Clean, disposable gloves
- Graduate
- 2 alcohol sponges
- Antiseptic cleaner

PROCEDURE

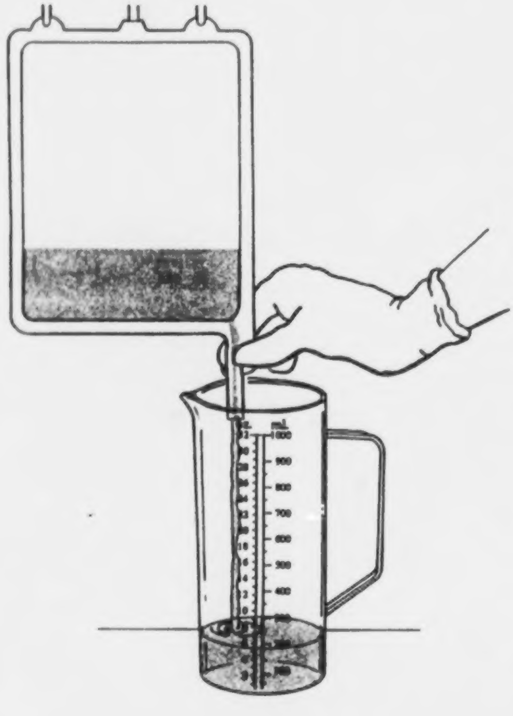
1. Wash your hands
2. Put on disposable gloves.
3. Explain procedure to client.
4. Release the drainage tube from its holder on the bag.
5. Wipe the end of the drainage tube with an alcohol sponge.
6. With one hand, hold the graduate under the drainage tube.

⚠ **CAUTION:** Do not contaminate the tip of the drainage tube by letting it touch the graduate.

---

7. With the other hand, release the clamp on the drainage tube and let the urine flow into the graduate (Figure 12). You may have to tilt the bag to drain all the urine.

FIGURE 12



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8. Close the clamp.

9. Wipe the end of the drainage tube again with a clean alcohol sponge.

10. Replace the drainage tube in its holder.

11. Check that urine is flowing freely into the bag.

12. Make sure that bag and tubing are positioned correctly.

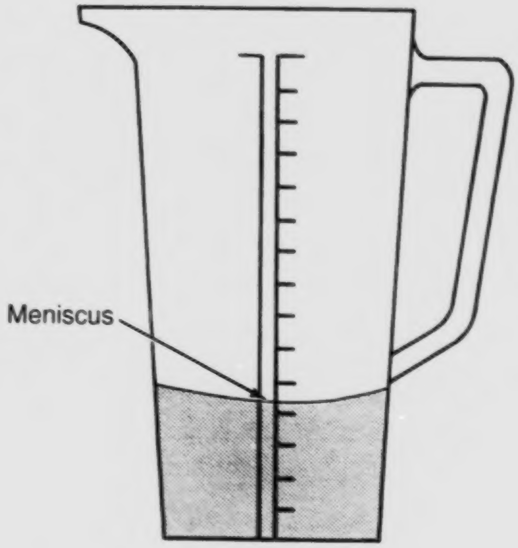
13. Measure urine output.

    a. Set graduate on solid surface.

    b. View level of urine at eye level.

    c. Measure the level of urine at the bottom of the meniscus (Figure 13).

FIGURE 13



    d. Write down the amount of urine.

14. Note any changes in the urine's color, odor, or consistency.

15. Flush urine in toilet.

16. Wash graduate with soap and hot water; rinse it thoroughly.

17. Provide for client comfort.

18. Remove and discard gloves.

19. Wash your hands.

20. Put away equipment and dispose of used supplies.

21. Record output information on client's output record.

    a. Time you emptied bag

    b. Amount of output

    c. Your observations

JOB SHEET 3 — PROVIDING CATHETERIZATION AND OSTOMY CARE — II

Name ______________________ Score __________

OBJECTIVE 9 **Clean a drainage bag.**

INTRODUCTION

You should clean a client's drainage bag every other day. The client should have at least two bags so that you can transfer the tubing to a clean one while washing the other one. If the bags are not cleaned regularly, they will develop unpleasant odors and can trap disease-causing microorganisms.

If for some reason the client does not have an extra bag, you can still clean the outside of the bag with a washcloth dipped in the vinegar and water solution.

EQUIPMENT AND SUPPLIES

- Basin
- Warm (not hot) water
- White vinegar
- Gloves

PROCEDURE

Functional Writing Skills
- Complete forms & records

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

1. Wash your hands.
2. Put on gloves.
3. In basin, prepare solution of vinegar and water as directed on care plan.
4. Soak bag in solution for 20 to 30 minutes.
5. Remove bag from solution.

   NOTE: You do not need to rinse the bag.
6. Position bag to air dry overnight before reattaching it.
7. Remove gloves.
8. Wash hands.
9. Put away equipment and materials.
10. Document procedure.

JOB SHEET 4 | PROVIDING CATHETERIZATION AND OSTOMY CARE II

Name ______________________ Score ________

OBJECTIVE 10

Insert a urinary catheter.

INTRODUCTION

If your client requires intermittent catheterization, you must be able to insert a urinary catheter. If a client's indwelling catheter gets pulled out or has to be removed because of problems, you may have to insert another one.

Many clients, even children as young as ten years old, are able to perform self-catheterization. If your client is accustomed to self-catheterization, you need only assist as necessary. For self-catheterization, a client can use *clean* technique. If you are catheterizing a client, however, you will use *sterile* technique.

- **Catheterize a client only when it is absolutely necessary** — not just for convenience or on a predetermined timetable. Every catheter introduces foreign microorganisms into the sterile bladder, putting the client at risk for infection.
- Always check with your supervisor before inserting an indwelling catheter.
- Assess the meatus carefully for bleeding or swelling if the catheter has been pulled out, either by the client or because of a sudden movement.
- Be sure you have all the equipment needed to insert an indwelling catheter before removing the old one.
- Wear sterile gloves for inserting catheters.
- Never reinsert a catheter that has just been removed.
- Sterilize straight catheters for reuse by soaking them in bleach.
- Do not reuse an indwelling catheter — once it has been removed, the balloon will be too weak to work properly.

Functional Writing Skills
- Complete forms & records

Listening Skills
- Apply active listening skills

Interactive Communication Skills
- Give/follow oral directions
- Communicate with clients/customers

General Relating Skills
- Interact with clients/customers/ patients

Cognitive Activities Skills
- Draw conclusions
- Evaluate results/outcomes

EQUIPMENT AND SUPPLIES

- Disposable sterile gloves
- Clean towel or waterproof pad
- Gooseneck or other lamp, if available

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Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

- Straight or indwelling catheter
- Antiseptic solution
- Cotton balls
- Small, clean basin to receive urine
- Water-soluble lubricant

CAUTION: Petroleum jelly can clog the eye of the catheter. If you do not have any water-soluble lubricant, use plain water.

For indwelling catheter only:

- 10 cc syringe
- 10 cc water (sterile if available, or tap)
- Tubing and drainage bag
- Tape

PROCEDURE

1. Wash hands.

2. Assemble materials.

   NOTE: A TV tray or bedside table, covered with a clean towel, is convenient place to put the assembled materials.

3. Explain procedure to client.

4. Draw 10 cc water into the syringe. If you used a needle to withdraw sterile water, take it off and dispose of it.

5. Provide for client's privacy.

6. Position client in reclining position. Have a female client lie on her back with her knees up and spread wide apart.

7. Place towel or pad underneath client.

8. Position light so you can see the meatus easily.

9. Pour antiseptic solution over cotton balls.

10. Put the collecting basin on the bed near the client.

11. Wash hands again and put on gloves.

12. Retract the foreskin of a male client.

13. Clean the meatus with saturated cotton balls.

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14. Put water-soluble lubricant on tip of catheter.

    a. Pour lubricant onto sterile field (such as sterile dressing or client's skin).

    b. Roll 3 inches of catheter tip in the lubricant, rotating tip until it is covered.

15. Use the hand you cleaned with to grasp the catheter about 2 inches from the tip.

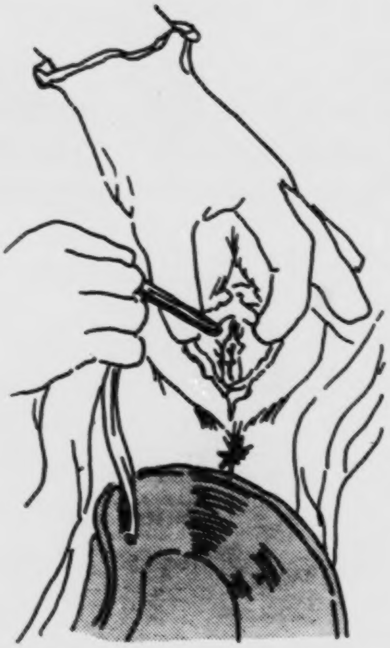
16. Loop the port end of the catheter over the palm of your hand

    NOTE: Having the heavier end looped over your hand keeps it from swinging around while you are inserting the catheter.

17. Place the draining end of the catheter in the basin.

18. **Female client:** Separate the labia with your other hand (Figure 14).

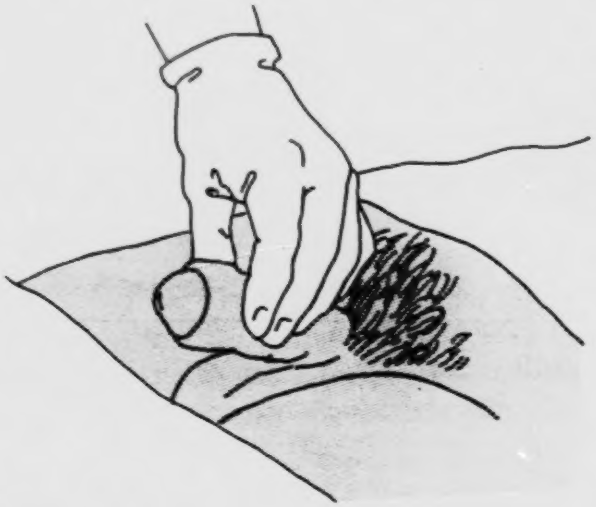
FIGURE 14



From *Essential Competencies for Patient Care*, by Mary Elizabeth Milliken and Gene Campbell, copyright 1985. Used with permission of C. V. Mosby Company, St. Louis.

Male client: Hold the penis at a 45° angle to the bed (Figure 15).

FIGURE 15



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19. Tell the client that you are going to insert the catheter now and to breathe slowly and deeply.

20. Slowly insert the catheter into the meatus, inserting catheter at a 45° angle to the bed.

WARNING: NEVER force the catheter in. If you meet resistance, tell the client to relax, and gently try again. If you still meet resistance, withdraw the catheter and notify your supervisor.

---

21. Advance the catheter until some urine flows out; this shows that the catheter has entered the bladder.

22. Advance the catheter about 1½ inches further **after you see urine flow**.

    NOTE: Some catheters have markings to use as guidelines for insertion length. In general, on an adult female you will insert 2 inches of the catheter; in an adult male you will insert 8 inches.

23. Hold the catheter in place while the urine is draining into the basin, so that it does not slip out.

24. Withdraw straight catheter.

    a. Pinch the catheter when urine has finished draining.

    b. Withdraw catheter gently.

    c. Save urine to measure later.

    d. Replace male client's foreskin.

    Or

    Attach indwelling catheter.

    a. Hold catheter in place with one hand, and attach the syringe to the catheter port with other hand.

    b. Push gently on the syringe to fill the balloon with 5 to 10 cc water.

WARNING: **If the client feels pain as you fill the balloon, the catheter is probably not inserted far enough. Insert it about ½ inch further and try again.**

---

    c. Detach syringe.

    d. Replace male client's foreskin.

    e. Remove draining end from basin.

    f. Save urine to measure later.

    g. Connect the draining end of catheter to the tubing.

    h. Connect tubing to the drainage bag.

    i. Tape the tubing in place.

    j. Arrange tubing and bag so that the catheter will empty properly.

25. Wipe any cleaning solution off the client.

26. Remove the towel or pad underneath the client.

27. Measure the amount of urine drained into the basin.

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28. Dispose of urine.

29. Remove gloves and wash hands thoroughly.

30. Document procedure with urine amount.

    EXAMPLE: (date) (time) #14 Fr. indwelling catheter inserted. Balloon filled with 7 cc water. Emptied bladder of 50 cc clear yellow urine. Catheter taped in place and draining. Client tolerated procedure with no complaints. (signature)

31. Provide for client comfort.

32. Put away equipment and dispose of used supplies.

JOB SHEET 5

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

Name ______________________ Score __________

OBJECTIVE 11

Irrigate an indwelling catheter.

INTRODUCTION

Functional Writing Skills
- Complete forms & records

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

Sometimes an indwelling catheter may become obstructed, which prevents the urine from draining properly. Irrigation consists of instilling water or other solution through the catheter into the bladder. This action can loosen any obstructions and wash them out.

You can suspect an obstruction if the catheter is leaking around the meatus or if the client complains of abdominal pain. Report your suspicions to your supervisor, who may tell you to irrigate the catheter.

⚠ **WARNING:** If your client complains of abdominal pains, assess for other signs and symptoms of an infection, and call your supervisor **at once**.

Causes of urinary catheter obstructions

- Kinked tubing
- Encrustation

  Encrustations are accumulated debris, perhaps from bacteria, around the tip of the catheter. They clog the catheter's eye, forcing the urine to stay in the bladder or leak out
- Bladder spasms

  If the urine stays in the bladder, the bladder can get too full and cause painful spasms. Bladder spasms can also result from constipation, too much water in the balloon, bladder stones, or infection
- Blood clots

  If you see blood clots in the tubing, notify your supervisor immediately; the client may need medical attention. You can get clots to move down into the bag by gently "milking" the tubing: put your fingers on the tubing above the clot, and slightly squeeze and pull downward.

EQUIPMENT AND SUPPLIES

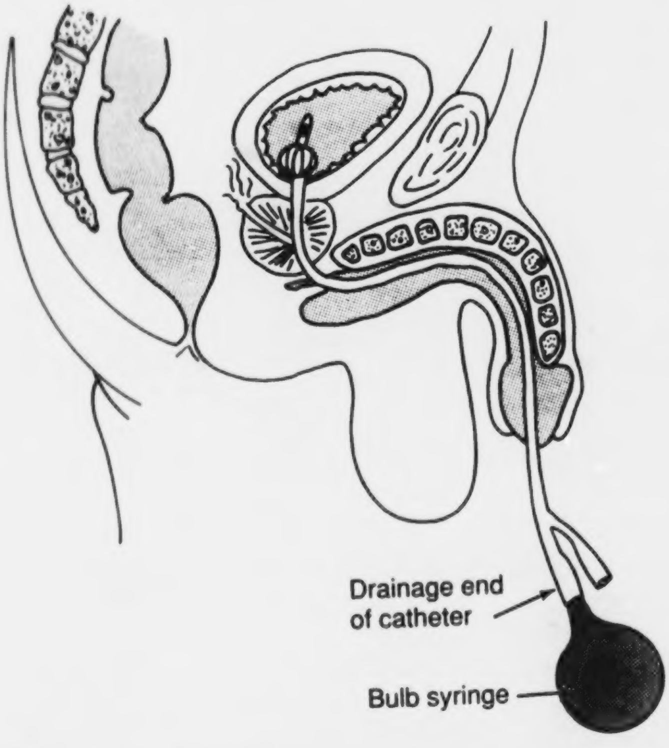
- Clean, disposable gloves
- 2 clean towels or waterproof pads
- Small bowl of tap water at room temperature
- Clean bulb syringe
- Empty bowl for used solution
- Alcohol sponges

PROCEDURE

1. Wash hands.
2. Arrange materials within easy reach.
3. Put on gloves.
4. Explain procedure to client.
5. Provide privacy.
6. Assist in positioning and draping client as appropriate.
7. Place a towel or pad underneath client.
8. Disconnect catheter from drainage tubing.
9. Wipe both catheter and drainage tubing tips with alcohol.
10. Wrap alcohol sponge around tip of drainage tubing to protect it.
11. Coil tubing and lay it carefully on other towel or pad; **do not let it fall to the floor.**
12. Squeeze bulb syringe.
13. Place tip of syringe in bowl of water and release pressure to fill it with water.

14. Place the syringe tip in the draining end of the catheter (Figure 16).

FIGURE 16



Adapted from *Mosby's Textbook for Nursing Assistants*, 2nd edition, by Sheila A. Sorrentino, copyright 1987. Used with permission of C. V. Mosby Company, St. Louis.

15. Squeeze the bulb to instill the water slowly.

WARNING: Do not force the water in. If the water does not enter the catheter easily, stop and notify your supervisor.

---

16. Slowly release pressure on the syringe so that the water flows back into it.

17. Discard used water into empty bowl.

18. Repeat until the water returns clear.

19. Use alcohol sponge to clean the tips of catheter's draining end and drainage tubing, and reconnect.

20. Check that urine is flowing freely into the bag.

21. Check that bag and tubing are positioned correctly.

22. Provide for client comfort.

23. Remove gloves and wash hands.

24. Document procedure.

JOB SHEET 6 — PROVIDING CATHETERIZATION AND OSTOMY CARE — II

Name ______________________ Score __________

OBJECTIVE 12 **Collect a urine specimen from an indwelling catheter.**

EQUIPMENT AND SUPPLIES

- Sterile 10 ml syringe with a #21 G or #22 G needle
- Antiseptic swabs
- Sterile specimen container with cap
- Label (optional)
- Toothless clamp or guarded hemostat
- Clean gloves

PROCEDURE

1. Wash hands.
2. Assemble equipment and take to bedside.
3. Explain procedure to client.
4. Provide privacy.
5. Assist in positioning and draping as appropriate.
6. Put on gloves.
7. Clamp catheter tubing about 3 inches from entry port.
8. Check tubing every one to two minutes until sufficient urine has been collected for specimen.

CAUTION: Do not leave the catheter clamped longer than ten minutes. Urine may pool in bladder and cause infection.

9. Clean entry port with alcohol swab.
10. Uncap needle and insert into port.
11. Aspirate specimen into syringe.
12. Withdraw needle and expel urine into specimen container.
13. Remove clamp from tubing.

Functional Writing Skills
- Complete forms & records

Functional Math Skills
- Make measurements

General Science Skills
- Collect specimens

Cognitive Activities Skills
- Create a finished product (written, oral, practical)

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Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

14. Cap container; rinse and dry outside of bottle; attach label if testing is to be done at another site or if there is more than one sample.

15. Clean and put away equipment and supplies.

16. Remove gloves.

17. Wash hands.

18. Position client for comfort.

19. Document aspirated amount on client's input and output record.

JOB SHEET 7 — PROVIDING CATHETERIZATION AND OSTOMY CARE — II

Name ______________________ Score ________

OBJECTIVE 13 **Remove an indwelling catheter.**

INTRODUCTION

Your supervisor may want you to remove a client's indwelling catheter if you report any problems with leaking or any signs and symptoms of an infection. Removing an indwelling catheter is easier than putting one in.

EQUIPMENT AND SUPPLIES

- Clean, disposable gloves
- 10 cc syringe

PROCEDURE

1. Wash hands.
2. Put on gloves.
3. Provide privacy.
4. Explain procedure to client.
5. Insert the syringe into the catheter's port.
6. Pull back on syringe gently to withdraw the water in the balloon (the water will enter syringe all at once).
7. Pinch catheter and gently pull it out.
8. Inspect the meatus for any redness or swelling.
9. Hold the tubing up to let remaining urine flow into the bag.
10. Measure the amount of urine in the bag.
11. Dispose of bag, tubing, catheter, and syringe.
12. Remove and discard gloves.
13. Provide for client comfort.
14. Wash your hands.
15. Document procedure and record amount of urine emptied.

Functional Writing Skills
- Complete forms & records

Functional Math Skills
- Make measurements

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

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JOB SHEET 8

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

Name ______________________ Score__________

OBJECTIVE 14

Change a stoma bag.

INTRODUCTION

- Provide emotional support for an ostomy client. Be empathetic and tolerant in your approach; consider the psychosocial aspects of the client's altered body image, change in basic elimination function, concern over the trappings of the stoma equipment and odor.

  NOTE: The client may go through a grieving process regarding the change in body function.

- Provide careful skin care around the stoma: discharge irritates the skin and causes skin breakdown.
- Rotate two or more stoma bags so that one can be cleaned and dried while the other one is worn.
- Be particularly careful about cleanliness in caring for a urinary diversion: the stoma opening allows access to the kidneys, providing the potential for urinary-tract infections.
- Clean the stoma gently — it has no nerve endings to alert client to pain, but the stoma is highly vascular and easily injured by a fingernail or rough cloth.
- Observe condition of the stoma with each cleaning. Normal appearance will be pink, smooth, and moist, much like the inside of a cheek. Notify your supervisor if there is any bluish tint, asymmetry, or abrasion.

Functional Writing Skills
- Complete forms & records

Functional Math Skills
- Make measurements

Cognitive Activities Skills
- Create a finished product (written, oral, practical)

EQUIPMENT AND SUPPLIES

- Mild soap and water
- Soft washcloth and towel
- Skin preparations recommended by physician
- Short-bladed, curved scissors
- Stoma size guide
- Skin barrier
- Stoma bag
- Paper tape
- Stoma belt
- Clean gloves

Job Acquisition/Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

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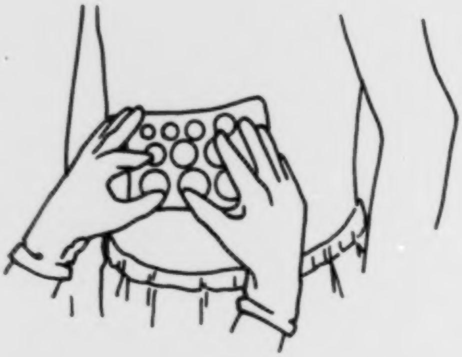
- Container for cleaning reusable bag
- Graduate or basin for emptying bag
- Commercial soak or vinegar and water solution as directed on care plan

PROCEDURE

1. Gather equipment.
2. Wash your hands.
3. Put on gloves.
4. Explain procedure to client.
5. Assist in positioning client as needed.
6. Empty bag being worn.
   a. Place graduate under bottom of bag.
   b. Unfasten bottom of bag.
7. Measure stoma size with size guide (Figure 17).

FIGURE 17



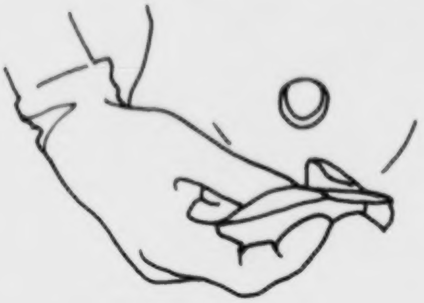
8. Cut skin barrier to fit over stoma.
9. Push the skin away from the old bag and skin barrier to remove them.

CAUTION: Pulling the bag away from the skin may irritate and tear the skin. Always push the skin away from the bag.

---

10. Wash stoma area gently with soft cloth, soap, and water; **do not scrub** (Figure 18).

FIGURE 18

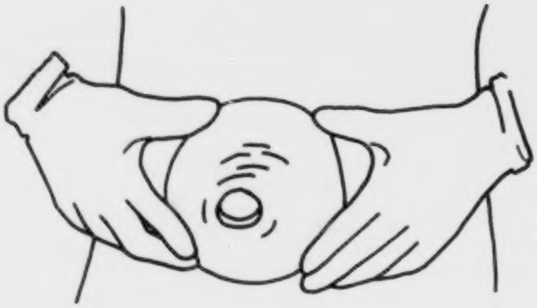


11. Check skin around stoma for signs of irritation from leakage or allergies.

12. Pat skin dry with towel.

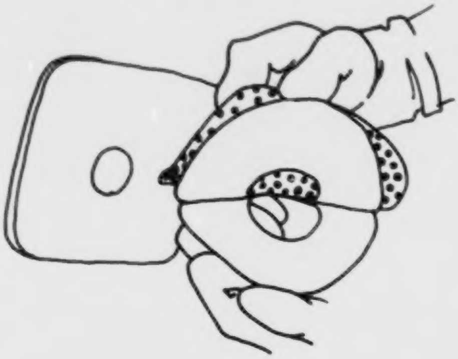
13. Place a skin barrier around stoma (Figure 19).

FIGURE 19



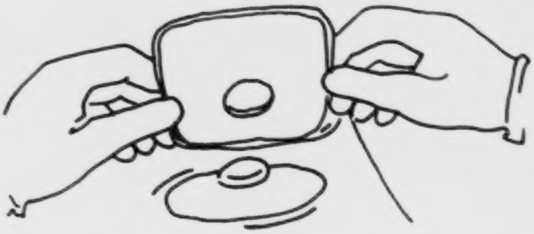
14. Peel back the paper protector from adhesive side of new bag (Figure 20).

FIGURE 20



15. Center opening of faceplate directly over the stoma (Figure 21).

FIGURE 21

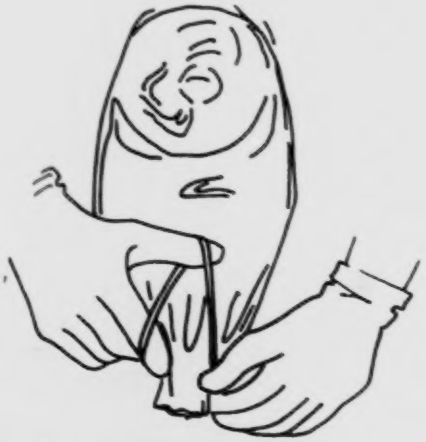


16. Press the bag to the barrier for 30 seconds to ensure a good seal.

17. Open bag to let a little air enter the bag.

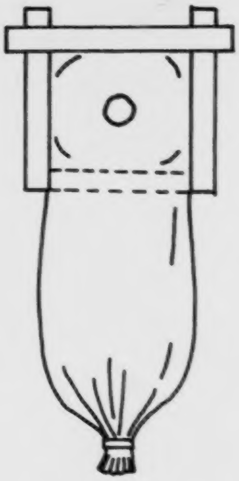
18. Close bottom of bag according to manufacturer's directions (Figure 22).

FIGURE 22



19. Tape sides, top, and bottom of faceplate to skin (Figure 23).

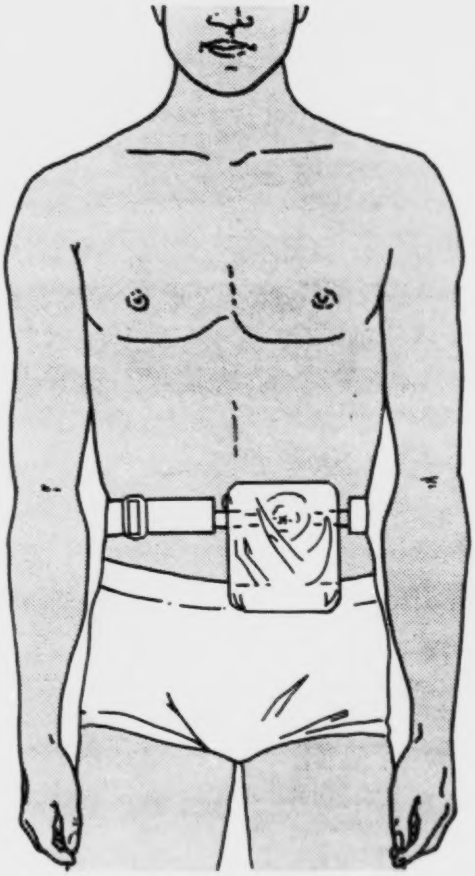
FIGURE 23



Figures 17-23 adapted from *Managing the School Age Child with a Chronic Health Condition*, revised edition, edited by Georgianna Larson, copyright 1988. Used with permission of Sunrise River Press, North Branch, Minnesota.

20. Put stoma belt around client and between faceplate and bag if needed to help support filled bag (Figure 24).

FIGURE 24



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21. Make client comfortable.

22. Clean used bag:

    a. Soak bag in commercial disinfectant or vinegar and water solution (one part vinegar to three parts water).

    b. Rinse bag thoroughly.

    c. Allow bag to air dry.

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23. Remove and discard gloves.

24. Put away equipment and supplies.

25. Provide for client comfort.

26. Wash hands.

27. Document procedure and observations of any abnormal conditions.

JOB SHEET 9

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

Name ______________________ Score __________

OBJECTIVE 15

Catheterize an ileoloop.

INTRODUCTION

To obtain a sterile urine specimen or empty a continent ileoloop, you will need to catheterize the client through the stoma.

EQUIPMENT AND SUPPLIES

- Sterile straight catheter
- Sterile gloves
- Sterile water-soluble lubricant
- Sterile urine specimen container with lid
- Materials for applying a new appliance

NOTE: Some of these items may be included in a straight catheterization set. Using sterile equipment avoids introducing germs into the urinary tract.

PROCEDURE

Functional Writing Skills
- Complete forms & records

General Science Skills
- Collect specimens

Cognitive Activities Skills
- Create a finished product (written, oral, practical)

1. Wash hands.
2. Assemble equipment and take to bedside.
3. Explain procedure to client.
4. Provide privacy.
5. Assist in positioning and draping as appropriate.
6. Remove existing drainage pouch from the stoma.
7. Open sterile equipment packages.
8. Put on sterile gloves.
9. Prepare the sterile field and lubricate the catheter.
10. Hold the sterile catheter approximately 3 inches from the tip to provide good control while preserving sterility.
11. Place other end of catheter in specimen container.

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Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

12. Insert the catheter into the stoma until urine begins to flow out, but never insert it further than 2 inches.

CAUTION: If you meet resistance, do not force the catheter; gently rotate its tip to see if it will slide in with ease.

13. Let desired amount of urine flow into container; then cap the container, rinse and dry outside of bottle, and attach label if testing is to be done at another site or if there is more than one sample.

14. Remove the catheter.

15. Replace the appliance.

16. Remove gloves.

17. Position client for comfort.

18. Clean equipment and return to designated area.

19. Document the procedure, drainage pouch change, and other pertinent information as needed.

JOB SHEET 10

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

Name ______________________ Score __________

OBJECTIVE 16 Irrigate a colostomy.

EQUIPMENT AND SUPPLIES

- Bath blanket or large towel
- Soap and warm water
- Water-soluble lubricant
- Clean gloves
- Container for soiled pouch or dressings
- Clean colostomy pouch or dressings
- Irrigation sleeve or pouch
- Bedpan and two disposable protective pads (if client must remain in bed)
- Warm tap water or other prescribed solution

Additional equipment for large-volume method:

- Irrigation bag with a flow regulator
- #28 cone-tipped catheter or rubber nipple to prevent backflow
- IV pole or other hook

Additional equipment for bulb-syringe method:

- 8-ounce bulb syringe with #28 cone-tipped catheter *or* large-sized ear syringe without a catheter

Functional Writing Skills
- Complete forms & records

Functional Math Skills
- Make measurements

PROCEDURE

1. Check care plan for specific instructions.
2. Wash hands.
3. Gather equipment.
4. Explain procedure to client.
5. Assist client to bathroom or provide privacy if client must remain in bed; assist in positioning as needed.
6. Put on clean gloves.
7. Remove soiled pouch.

Interactive Communication Skills
- Give/follow oral directions
- Communicate with clients/customers

Job Acquisition/Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

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8. Wash around the stoma with soap and warm water; dry well.

9. Place irrigation bag or sleeve over colostomy.

   NOTE: If the colostomy has two stomas, irrigate the stoma closer to the center of the body.

10. Position and drape client.

    a. In the bathroom

       1) Have client sit on toilet with the end of irrigation bag between client's legs so that bag can drain directly into toilet.

       2) Drape towel or bath blanket over client's lap for warmth and modesty.

    b. In bed

       1) Help client into high Fowler's position or onto side.

       2) Place protective pad and bedpan beside client's hips.

       3) Place end of irrigation sleeve in bedpan.

       4) Cover bedpan with other disposable pad to help contain odor as the colostomy empties.

       5) Pull up cover or drape towel or bath blanket over client for warmth and modesty.

11. Irrigate the colostomy.

    a. Large-volume method:

       1) Hang irrigation container with 1000 ml of fluid on IV pole or hook with fluid level approximately 12 to 18 inches above the stoma.

       2) Clamp fingers around tubing at base of irrigation container and slide clamped fingers down length of tubing to expel air from tubing.

       3) Push nipple onto catheter 3 to 5 inches; or attach cone to tubing.

       4) Lubricate tip of catheter or cone.

       5) Lubricate your little finger.

    6) Gently dilate the stoma by putting your lubricated finger through the open top of the irrigation sleeve (or the hole provided in the bag) into the opening.

    7) Insert catheter gently through the opening in the irrigation bag and 3 to 5 inches into the stoma.

⚠ **WARNING:** Do not force the catheter. Forceful pushing may perforate or traumatize the bowel.

NOTE: If you detect any obstruction, rotate the catheter gently, allowing a small amount of fluid to flow in. If this does not open the lumen, contact the physician or your supervisor.

    8) Press nipple or cone firmly against the stoma to close the stoma around the catheter.

    9) Unclamp tubing to allow fluid to flow into the bowel.

    10) After all of the fluid has been instilled, remove the catheter or cone to allow bowel to empty.

b. Bulb-syringe method

    1) Press bulb to expel all air; then fill syringe with warm tap water.

    2) Lubricate tip of syringe.

    3) Lubricate your little finger.

    4) Dilate the stoma gently by putting your lubricated finger through the open top of the irrigation sleeve (or the hole provided in the bag) into the opening.

    5) Insert catheter of syringe 3 to 5 inches into the stoma.

    6) Gently squeeze the bulb to instill all of the water while pressing around the stoma to prevent backflow.

⚠ **CAUTION:** Do not allow the bulb to reinflate while in the stoma.

---

7) Remove and refill syringe two more times, to instill a total of three syringes full (720 ml) of fluid.

WARNING: Do not instill more than this amount of fluid, even if some fluid is returned between instillations.

---

12. Have client wait approximately 15 minutes to allow bowel to empty.

    NOTE: You can encourage emptying by gently massaging the abdomen.

13. Clean off bottom of irrigation sleeve; fold up and fasten bottom of sleeve.
14. Have the client wait an additional 30 minutes to allow the colostomy to complete emptying. During this time the client may move around as desired.
15. Drain irrigation sleeve again; then rinse and remove it.
16. Apply a clean stoma bag.
17. Clean, dry, and store all equipment.
18. Provide for client comfort.
19. Remove gloves and wash your hands.
20. Document procedure.

PRACTICAL TEST 1

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

JOB SHEET 1

Provide care for an indwelling urinary catheter.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Explained procedure to client	___	___
2. Collected equipment	___	___
3. Provided for client's privacy	___	___
4. Assisted in positioning and draping as needed	___	___
5. Soaked cotton balls in cleaning solution	___	___
6. Washed hands thoroughly	___	___
7. Untaped catheter	___	___
8. Scrubbed hands again	___	___
9. Put on clean gloves	___	___

10. Cleaned the meatus ___ ___

    a. Female client

        1) Separated labia with one hand, holding catheter so urine flowed downward ___ ___

        2) Squeezed excess solution from a cotton ball with other hand ___ ___
        3) Wiped downward and outward on one side of meatus; discarded cotton ball ___ ___
        4) Repeated to clean other side and center of meatus, using fresh cotton ball for each stroke ___ ___

    b. Male client

        1) Raised penis and retracted foreskin 1/2 to 1 inch ___ ___
        2) Squeezed excess solution from a cotton ball ___ ___
        3) Cleaned meatus with cotton ball, moving in a circular motion from catheter's point of insertion toward base of head of penis ___ ___
        4) Repeated with a fresh cotton ball ___ ___

11. Cleaned catheter

    a. Cleaned catheter at the meatus, using a fresh saturated cotton ball ___ ___
    b. Cleaned down tubing—away from body—to "Y" in tubing ___ ___

12. Cleaned excess solution from tubing ___ ___

13. Applied ointment to meatus ___ ___

14. Released foreskin of male ___ ___

15. Retaped catheter to client, allowing slack ___ ___

16. Checked that urine was flowing freely into bag ___ ___

17. Checked that bag and tubing were positioned correctly ___ ___

18. Positioned client for comfort ___ ___

19. Removed gloves and washed hands ___ ___

20. Put away equipment and disposed of used supplies ___ ___

21. Charted procedure and observations ___ ___

22. Performed steps in a timely manner ___ ___

23. Practiced safety rules through procedure ___ ___

24. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Cleaned the meatus properly	4	3	2	1
Cleaned the catheter properly	4	3	2	1

Checked for urine flow	4	3	2	1
Checked equipment	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 2 — *PROVIDING CATHETERIZATION AND OSTOMY CARE* *II*

JOB SHEET 2

Empty a drainage bag and measure urinary output.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands carefully	___	___
2. Put on gloves	___	___
3. Explained procedure to client	___	___
4. Released drainage tube from holder	___	___
5. Wiped end of drainage tube with alcohol sponge	___	___
6. Held graduate under drainage tube	___	___
7. Released clamp on drainage tube and let urine flow into graduate	___	___
8. Closed clamp	___	___
9. Wiped end of drainage tube with clean alcohol sponge	___	___
10. Replaced drainage tube in holder	___	___
11. Checked that urine was flowing freely	___	___

12. Checked that bag and tubing were positioned correctly ___ ___

13. Measured urine output ___ ___

14. Noted changes in color, odor, or consistency of urine ___ ___

15. Flushed urine in toilet ___ ___

16. Washed graduate with soap and hot water; rinsed thoroughly ___ ___

17. Positioned client for comfort ___ ___

18. Removed and discarded gloves ___ ___

19. Washed hands ___ ___

20. Put away equipment ___ ___

21. Documented time, amount, observations ___ ___

22. Performed steps in a timely manner ___ ___

23. Practiced safety rules through procedure ___ ___

24. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ______________________________

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Wiped drainage tube with alcohol sponge before and after emptying urine	4	3	2	1
Checked equipment	4	3	2	1
Correctly measured and recorded amount of urine drained	4	3	2	1
Noted changes in urine	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 3

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

JOB SHEET 3

Clean a drainage bag.

Student's name ______________________ Date ____________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Put on gloves	___	___
3. Prepared solution	___	___
4. Soaked bag in solution for 20-30 minutes	___	___
5. Removed bag from solution	___	___
6. Positioned bag to air dry overnight	___	___
7. Removed gloves	___	___
8. Washed hands	___	___
9. Put away equipment	___	___
10. Documented procedure	___	___
11. Performed steps in a timely manner	___	___
12. Practiced safety rules through procedure	___	___

13. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Soaked bag in solution	4	3	2	1
Positioned bag to dry overnight	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

____

____

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training

3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required

2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill

1 **Unskilled** - Is familiar with process, but is unable to perform job

JOB SHEET 10

Insert a urinary catheter.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Assembled equipment	___	___
3. Explained procedure to client	___	___
4. Drew 10 cc water into syringe	___	___
5. Provided for client's privacy	___	___
6. Positioned client in reclining position (female with knees up and spread wide apart)	___	___
7. Placed towel or pad under client	___	___
8. Positioned light to see meatus easily	___	___
9. Poured antiseptic over cotton balls	___	___
10. Put basin on bed near client	___	___
11. Washed hands again and put on gloves	___	___

12. Retracted male client's foreskin ___ ___

13. Cleaned meatus with cotton balls ___ ___

14. Lubricated tip of catheter ___ ___

15. Using hand cleaned with, held catheter 2 inches from end ___ ___

16. Looped port end of catheter over palm ___ ___

17. Placed draining end of catheter in basin ___ ___

18. Separated labia or held penis at 45° angle to bed ___ ___

19. Told client to breathe slowly and deeply ___ ___

20. Inserted catheter, at a 45° angle to bed, into meatus ___ ___

21. Advanced catheter until urine flowed ___ ___

22. Advanced catheter another 1½ inches ___ ___

23. Held catheter in place while urine drained ___ ___

24. Withdrew straight catheter:

    a. Pinched catheter when urine finished draining ___ ___

    b. Withdrew catheter gently ___ ___

    c. Saved urine to measure later ___ ___

    d. Replaced male's foreskin ___ ___

25. Attached indwelling catheter:

    a. Held catheter in place with one hand, and attached syringe to catheter port with other hand ___ ___

    b. Pushed gently on syringe to fill balloon with 5 to 10 cc water ___ ___
    c. Detached syringe ___ ___
    d. Replaced male's foreskin ___ ___
    e. Removed draining end from basin ___ ___
    f. Saved urine to measure later ___ ___
    g. Connected draining end of catheter to tubing ___ ___
    h. Connected tubing to drainage bag ___ ___
    i. Taped tubing in place ___ ___
    j. Arranged tubing and bag properly ___ ___

26. Wiped any cleaning solution off client ___ ___
27. Removed towel or pad ___ ___
28. Measured amount of urine ___ ___
29. Disposed of urine ___ ___
30. Removed gloves and washed hands thoroughly ___ ___
31. Documented procedure with urine amount ___ ___
32. Provided for client comfort ___ ___
33. Put away equipment ___ ___
34. Performed steps in a timely manner ___ ___
35. Practiced safety rules through procedure ___ ___
36. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Cleaned meatus	4	3	2	1
Inserted catheter correctly	4	3	2	1
Withdrew or attached catheter correctly	4	3	2	1
Measured urine	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 5

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

JOB SHEET 5

Irrigate an indwelling catheter.

Student's name ______________________ Date ____________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Arranged equipment within easy reach	___	___
3. Put on gloves	___	___
4. Explained procedure to client	___	___
5. Provided privacy	___	___
6. Assisted in positioning and draping client as appropriate	___	___
7. Placed towel or pad under client	___	___
8. Disconnected catheter from drainage tubing	___	___
9. Wiped catheter and drainage tubing tips with alcohol	___	___
10. Wrapped tip of drainage tubing with alcohol sponge	___	___

11. Coiled tubing and laid it carefully on towel or pad ___ ___

12. Squeezed bulb syringe ___ ___

13. Placed tip of syringe in bowl of water and released pressure ___ ___

14. Placed syringe tip in draining end of catheter ___ ___

15. Instilled water slowly ___ ___

16. Released pressure on syringe slowly ___ ___

17. Discarded used water into empty bowl ___ ___

18. Repeated until water returns clean ___ ___

19. Cleaned tips of catheter's draining end and drainage tubing with alcohol sponge; reconnected ___ ___

20. Checked that urine flowed freely into bag ___ ___

21. Checked that bag and tubing are positioned correctly ___ ___

22. Provided for client comfort ___ ___

23. Removed gloves and washed hands ___ ___

24. Documented procedure ___ ___

25. Performed steps in a timely manner ___ ___

26. Practiced safety rules through procedure ___ ___

27. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Cleaned tubing with alcohol	4	3	2	1
Instilled water correctly	4	3	2	1
Repeated until water returned clear	4	3	2	1
Checked equipment	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

JOB SHEET 6

Collect urine specimen from an indwelling catheter.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Assembled equipment at bedside	___	___
3. Explained procedure to client	___	___
4. Provided privacy	___	___
5. Assisted in positioning and draping as appropriate	___	___
6. Put on gloves	___	___
7. Clamped catheter tubing about 3 inches from entry port	___	___
8. Checked tubing until sufficient urine collected for specimen	___	___
9. Cleaned entry port with alcohol swab	___	___
10. Uncapped needle and inserted into port	___	___
11. Aspirated specimen into syringe	___	___

12. Withdrew needle and expelled urine into specimen container ____ ____

13. Removed clamp from tubing ____ ____

14. Capped container; rinsed and dried outside of bottle; attached label if needed ____ ____

15. Cleaned and returned equipment ____ ____

16. Removed gloves ____ ____

17. Washed hands ____ ____

18. Positioned client for comfort ____ ____

19. Documented procedure and aspirated amount ____ ____

20. Performed steps in a timely manner ____ ____

21. Practiced safety rules through procedure ____ ____

22. Provided satisfactory response to questions asked ____ ____

EVALUATOR'S COMMENTS ____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Clamped catheter and checked for sufficient specimen	4	3	2	1
Removed clamp before 10 minutes	4	3	2	1
Aspirated specimen properly	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 7 — PROVIDING CATHETERIZATION AND OSTOMY CARE — II

JOB SHEET 7

Remove an indwelling catheter.

Student's name ____________________ Date __________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Put on gloves	___	___
3. Provided privacy	___	___
4. Explained procedure to client	___	___
5. Inserted syringe into catheter port	___	___
6. Pulled back on syringe gently	___	___
7. Pinched catheter and pulled it out gently	___	___
8. Inspected meatus for redness or swelling	___	___
9. Held tubing up to let remaining urine flow into bag	___	___
10. Measured amount of urine in bag	___	___
11. Disposed of bag, tubing, catheter, and syringe	___	___

12. Removed and discarded gloves ___ ___

13. Provided for client comfort ___ ___

14. Washed hands ___ ___

15. Documented procedure and amount of urine emptied ___ ___

16. Performed steps in a timely manner ___ ___

17. Practiced safety rules through procedure ___ ___

18. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

___

___

___

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Removed water from balloon correctly	4	3	2	1
Removed catheter gently	4	3	2	1
Inspected meatus	4	3	2	1
Measured and recorded amount of urine	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 8

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

JOB SHEET 8

Change a stoma bag.

Student's name ______________________ Date ____________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Gathered equipment	___	___
2. Washed hands	___	___
3. Put on gloves	___	___
4. Explained procedure to client	___	___
5. Assisted in positioning as appropriate	___	___
6. Emptied bag being worn		
a. Placed graduate under bottom of bag	___	___
b. Unfastened bottom of bag	___	___
7. Measured stoma size with size guide	___	___
8. Cut skin barrier to fit over stoma	___	___
9. Pushed skin away from used bag and skin barrier	___	___

10. Washed stoma area gently with soft cloth, soap, water ____ ____

11. Checked skin around stoma for signs of irritation from leakage or allergies ____ ____

12. Patted skin dry with towel ____ ____

13. Placed a skin barrier around stoma ____ ____

14. Peeled back paper protector from adhesive side of new bag ____ ____

15. Centered opening of faceplate directly over stoma ____ ____

16. Pressed bag to barrier for 30 seconds ____ ____

17. Opened bag to let a little air in the bag ____ ____

18. Closed bottom of bag according to manufacturer's directions ____ ____

19. Taped sides, top, and bottom of faceplate to skin ____ ____

20. Put stoma belt around client and between faceplate and bag if needed ____ ____

21. Made client comfortable ____ ____

22. Cleaned used bag ____ ____

23. Removed and discarded gloves ____ ____

24. Put away equipment ____ ____

25. Provided for client comfort ____ ____

26. Washed hands ____ ____

27. Documented procedure and observations of any abnormal conditions ____ ____

28. Performed steps in a timely manner ____ ____

29. Practiced safety rules through procedure ___ ___

30. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Emptied bag correctly	4	3	2	1
Cleaned and dried skin thoroughly	4	3	2	1
Attached new bag correctly	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 9

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

JOB SHEET 9

Catheterize an ileoloop.

Student's name ______________________ Date ____________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Assembled equipment at bedside	___	___
3. Explained procedure to client	___	___
4. Provided privacy	___	___
5. Assisted in positioning and draping as appropriate	___	___
6. Removed existing drainage pouch from stoma	___	___
7. Opened sterile equipment package	___	___
8. Put on sterile gloves	___	___
9. Prepared sterile field and lubricated catheter	___	___
10. Grasped catheter approximately 3 inches from tip	___	___
11. Placed other end of catheter in specimen container	___	___

12. Inserted catheter into stoma until urine began to flow ___ ___

13. Let desired amount of urine flow into container; then capped container, rinsed and dried outside, and attached label if needed ___ ___

14. Removed catheter ___ ___

15. Replaced appliance ___ ___

16. Removed gloves ___ ___

17. Positioned client for comfort ___ ___

18. Cleaned equipment; returned to storage ___ ___

19. Documented procedure ___ ___

20. Performed steps in a timely manner ___ ___

21. Practiced safety rules through procedure ___ ___

22. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ______________________________

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Maintained sterile field/equipment	4	3	2	1
Inserted catheter correctly	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 10

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

JOB SHEET 10

Irrigate a colostomy.

Student's name ____________________ Date __________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Checked care plan for specific instructions	___	___
2. Washed hands	___	___
3. Gathered equipment	___	___
4. Explained procedure to client	___	___
5. Assisted client to bathroom or provided privacy if client must remain in bed; assisted in positioning as needed	___	___
6. Put on clean gloves	___	___
7. Removed soiled pouch	___	___
8. Washed around the stoma with soap and warm water; dried well	___	___
9. Placed irrigation bag or sleeve over colostomy	___	___
10. Positioned and draped client	___	___

11. Irrigated the colostomy

a. Large-volume method:

1) Hung irrigation container with 1000 ml of fluid on IV pole or hook with fluid level approximately 12 to 18 inches above the stoma ___ ___

2) Clamped fingers around tubing at base of irrigation container and slid clamped fingers down length of tubing to expel air from tubing ___ ___

3) Pushed nipple onto catheter 3 to 5 inches; or attached cone to tubing ___ ___

4) Lubricated tip of catheter or cone ___ ___

5) Lubricated little finger ___ ___

6) Gently dilated the stoma by putting lubricated finger through the open top of the irrigation sleeve (or the hole provided in the bag) into the opening ___ ___

7) Inserted catheter gently through the opening in the irrigation bag and 3 to 5 inches into the stoma ___ ___

8) Pressed nipple or cone firmly against the stoma to close the stoma around the catheter ___ ___

9) Unclamped tubing to allow fluid to flow into the bowel ___ ___

10) After all of the fluid had been instilled, removed the catheter or cone to allow bowel to empty ___ ___

b. Bulb-syringe method

   1) Pressed bulb to expel all air; then filled syringe with warm tap water. ___ ___

   2) Lubricated tip of syringe ___ ___

   3) Lubricated little finger ___ ___

   4) Dilated the stoma gently by putting lubricated finger through the open top of the irrigation sleeve (or the hole provided in the bag) into the opening ___ ___

   5) Inserted catheter of syringe 3 to 5 inches into the stoma ___ ___

   6) Gently squeezed the bulb to instill all of the water while pressing around the stoma to prevent backflow ___ ___

   7) Removed and refilled syringe two more times, to instill a total of three syringes full (720 ml) of fluid ___ ___

12. Had client wait approximately 15 minutes to allow bowel to empty ___ ___

13. Cleaned off bottom of irrigation sleeve; folded up and fastened bottom of sleeve ___ ___

14. Had the client wait an additional 30 minutes to allow the colostomy to complete emptying ___ ___

15. Drained irrigation sleeve again; then rinsed and removed it ___ ___

16. Applied a clean stoma bag ___ ___

17. Cleaned, dried, and stored all equipment ___ ___

18. Provided for client comfort ___ ___

19. Removed gloves and washed hands ___ ___

20. Documented procedure ___ ___

21. Performed steps in a timely manner ___ ___

22. Practiced safety rules through procedure ___ ___

23. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

____

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____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Positioned and draped client appropriately	4	3	2	1
Expelled air from catheter tubing	4	3	2	1
Inserted catheter or syringe correctly	4	3	2	1
Instilled correct amount of fluid	4	3	2	1
Allowed bowel to empty completely	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

WRITTEN TEST

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

Name ____________________ Score ________

OBJECTIVE 1

Match terms associated with urinary catheters and ostomies to their correct definitions. Write the correct numbers in the blanks.

____ 1. calibrated container used for measuring liquids, often marked in both ounces (oz) and milliliters (ml) or cubic centimeters (cc)

____ 2. end of the indwelling catheter that does not connect to the tubing; allows a syringe to be attached for inflating the balloon

____ 3. canal leading from the bladder to the meatus, through which urine leaves the body

____ 4. area of the indwelling catheter that is inflated after the catheter is inserted into the bladder; holds the catheter in place

____ 5. flexible rubber or plastic tube that is inserted into the bladder to allow urine to drain continuously; also called a *Foley catheter*

____ 6. external opening of the urethra; in men it lies at the tip of the penis, and in women it lies just above the vagina

a. balloon

b. bladder

c. drainage bag

d. eye

e. graduate

f. incontinence

g. indwelling urinary catheter

h. intermittent catheterization

i. meatus

j. port

k. straight catheter

l. urethra

m. urostomy

n. colostomy

o. stoma

p. ileoconduit

q. ileostomy

r. ostomy

May be photocopied for student use.

_____ 7. soft plastic collector that holds urine drained by the catheter and gravity; a handle at the top attaches collector to a bed rail

_____ 8. draining urine periodically from the bladder

_____ 9. hole in one end of the catheter, through which urine enters from the bladder

_____ 10. flexible rubber or plastic tube that is inserted into the bladder and then removed as soon as the urine is drained

_____ 11. body part that stores urine

_____ 12. inability to control the bladder

_____ 13. surgical removal of part of the colon and creation of a new opening from the large intestine for elimination of waste

_____ 14. surgical procedure that diverts ureters from the bladder to a portion of the small intestine that has been removed and adapted to become a reservoir for urine; one end of removed intestinal part forms a stoma in the abdomen

May be photocopied for student use.

_____ 15. surgical removal of entire colon and creation of a new opening from the small intestine

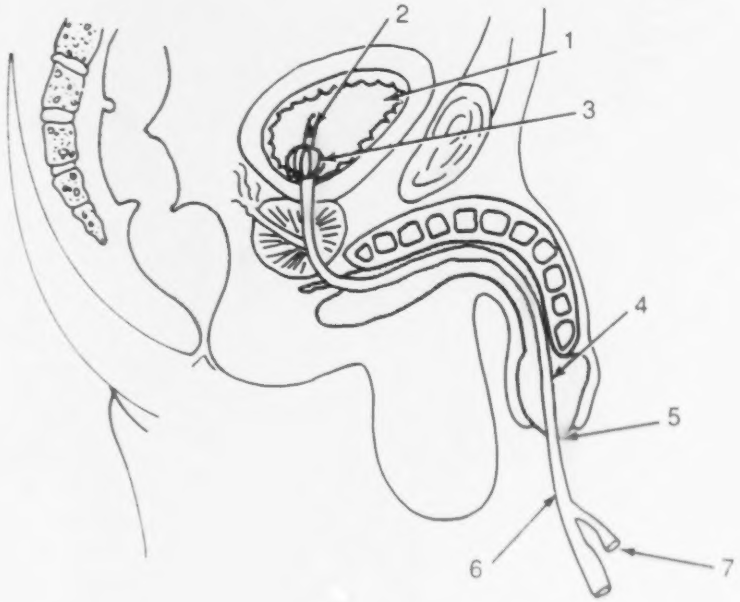
_____ 16. operation that creates a new opening in the abdomen for elimination of urinary or fecal wastes

_____ 17. temporary or permanent opening for elimination of body wastes, created in the gastrointestinal or urinary system by bringing part of the intestine or ureter to the abdominal surface and folding it back turtleneck style

_____ 18. surgical removal or bypass of the bladder and creation of a new opening, which is made from a short piece of intestine or one or both of the ureters, for eliminating urine

May be photocopied for student use.

OBJECTIVE 2 **Identify catheter parts and body parts involved in catheterization.** Write the correct names in the blanks.



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1. ____

2. ____

3. ____

4. ____

5. ____

6. ____

7. ____

May be photocopied for student use.

OBJECTIVE 3

List ways to make sure that an indwelling catheter drains properly. List the five ways in the blanks.

OBJECTIVE 4

State ways to reduce a client's danger of contracting a urinary-tract infection. State the six ways in the blanks.

May be photocopied for student use.

OBJECTIVE 5

Identify signs and symptoms of a urinary-tract infection. Write an "X" in the blanks before usual signs and symptoms of a urinary-tract infection.

_____ 1. Chills

_____ 2. Fever

_____ 3. Leg cramps

_____ 4. Sweet-smelling urine

_____ 5. Pink urine

_____ 6. Headache

_____ 7. Clear urine

_____ 8. Burning feeling in bladder or meatus

_____ 9. Cloudy urine

_____ 10. Abdominal tenderness

NOTE: Objectives 6-16 are evaluated on job sheets/assignment sheets in this unit. If you have not completed these components, see your instructor.

May be photocopied for student use.

WRITTEN TEST ANSWERS

PROVIDING CATHETERIZATION AND OSTOMY CARE

II

OBJECTIVE 1

1. e
2. j
3. l
4. a
5. g
6. i
7. c
8. h
9. d
10. k
11. b
12. f
13. n
14. p
15. q
16. r
17. o
18. m

OBJECTIVE 2

1. Bladder
2. Eye
3. Balloon
4. Urethra
5. Meatus
6. Indwelling catheter
7. Port

OBJECTIVE 3

- Keep the drainage bag below the level of the bladder.
- Keep the tubing above the level of the drainage bag.
- Do not let the tubing kink.
- Make sure the tubing rests over the client's leg if client is lying in bed or sitting in a chair.
- Be sure the bag and tubing are free when you transfer a client.

OBJECTIVE 4

- Use clean technique.
- Provide catheter care at least once a day.
- Keep the indwelling catheter system closed (not open to the environment) as much as possible.
- Make sure the catheter drains properly.
- Empty drainage bag frequently.
- Encourage client to drink lots of liquids.

OBJECTIVE 5 1, 2, 4, 5, 8 ,9, 10

OBJECTIVE SHEET

PROVIDING RESPIRATORY CARE

III

INTRODUCTION

Without a continuous supply of oxygen to the body, a person cannot live. Blood distributes oxygen throughout the body to nourish every living cell. To reach the bloodstream, oxygen must first pass through the respiratory system in the process of breathing.

Your clients may have some interference in respiratory function, and their oxygen supply may be inadequate or impaired. Many people need more oxygen than they can get through the air. Injury or illness mandates their mechanical administration of oxygen. Other people need help keeping their airways open or learning how to improve their normal respiratory functions. As a respite care provider, you will be responsible for helping your client have a safe, healthful environment.

PREREQUISITE

Basic Respite Care

UNIT OBJECTIVE

After completing this unit, you will be able to associate selected procedures with maintenance of adequate oxygen supply to the body; safely perform certain treatments used to assist the client's optimum ventilation; and identify, document, and report problems related to respiratory care and assistance. You will demonstrate these competencies by completing the assignment sheets and written test with a minimum of 85 percent accuracy.

SPECIFIC OBJECTIVES

After completing this unit, you will be able to:

1. Match terms associated with respiratory care to their correct definitions.
2. Label basic structures of the respiratory system.
3. Provide information about daily care of a client with asthma. (Student Supplement)
4. List signs and symptoms of oxygen inadequacy.
5. List common methods of oxygen administration.
6. Distinguish between safe and unsafe practices around high concentrations of oxygen.

7. Assist in pursed-lip breathing and diaphragmatic breathing. (Job Sheet 1)

8. Administer oxygen by oxygen mask. (Job Sheet 2)

9. Administer oxygen by cannula. (Job Sheet 3)

10. Administer oxygen by nasal catheter. (Job Sheet 4)

11. Administer oxygen by tracheostomy collar. (Job Sheet 5)

12. Assist with postural drainage. (Job Sheet 6)

13. Collect a sputum specimen. (Job Sheet 7)

14. Perform oropharyngeal and nasopharyngeal suctioning. (Job Sheet 8)

15. Provide tracheostomy care. (Job Sheet 9)

16. Suction a tracheostomy. (Job Sheet 10)

SUGGESTED ACTIVITIES

PROVIDING RESPIRATORY CARE

III

PREPARATION

- Obtain materials to supplement unit, including equipment and forms needed to practice procedures.

  NOTE: See Suggested Resources

- Review instructional outline for this unit. Modify time frames to suit class needs and plan activities for each class period.
- Put up posters, charts, and other visual aids that relate to providing respiratory care and safety rules for working around oxygen.

DELIVERY

Objective 2: Label basic structures of the respiratory system.

- Point out the main structures of the respiratory system, then have students point out those same structures on models and other drawings.
- Review the process of ventilation.

Objective 3: Provide information about daily care of a client with asthma.

- Discuss what can bring on a client's asthma episode and how a respite care provider can help protect the client from having an episode.
- Discuss Student Supplement and have students practice the relaxation techniques and diaphragmatic breathing.
- Have students role play how to manage a client's asthma episode. Divide class into pairs. Give one person in each pair a list of "symptoms." Ask the other person in the pair to tell, and then demonstrate, what a respite care provider should do to help the client through the episode. Have the students reverse roles for another round.

Objective 4: List signs and symptoms of oxygen inadequacy.

- Ask students which of the signs and symptoms of oxygen inadequacy a respite care provider would be able to observe.
- Point out the importance of having a signal for the client to use to indicate a breathing difficulty.

Objective 5: List common methods of oxygen administration.

- Show examples of different ways to administer oxygen.
- Point out which methods would be more commonly used in health care facilities and which would be commonly used in homes.

Objective 6: Distinguish between safe and unsafe practices around high concentrations of oxygen.

- Emphasize the danger of high concentrations of oxygen.
- Ask students what could cause static electricity or other sparks in normal daily activities. Mention pulling plugs from an electrical outlet; brushing long hair; rubbing client with oil, alcohol, or talcum powder. Emphasize that sparks that occur while oxygen is running could cause an explosion or fire.

APPLICATION

Objective 7: Assist in pursed-lip breathing and diaphragmatic breathing.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 1.

Objective 8: Administer oxygen by oxygen mask.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 2.

Objective 9: Administer oxygen by cannula.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 3.

Objective 10: Administer oxygen by nasal catheter.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 4.

Objective 11: Administer oxygen by tracheostomy collar.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 5.

Objective 12: Assist with postural drainage.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 6.

Objective 13: Collect a sputum specimen.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 7.

Objective 14: Perform oropharyngeal and nasopharyngeal suctioning.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 8.

Objective 15: Provide tracheostomy care.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 9.

Objective 16: Suction a tracheostomy.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 10.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify material in unit or create supplementary materials for individual students as required.

Practical Test

- Evaluate students on procedure sheet activities if not previously done.
- Give practical test.
- Complete appropriate section of competency profiles.

- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked on the written test to demonstrate actions listed in the specific objectives.
- Give Written Test

  NOTE: The Written Test may be given in sections if desired.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Human Resources

- *American Association for Respiratory Therapy*, 7411 Hines Place, Suite 101, Dallas, Texas 75235, 214-243-2272.
- *American Lung Association*, 1740 Broadway, New York, New York, 10019, 212-315-8700.
- *American Thoracic Society*, 1740 Broadway, New York, New York 10019, 212-315-8700.
- *Cystic Fibrosis Foundation*, 6931 Arlington Road, Bethesda, Maryland 20814, 800-344-4823 (800-FIGHT-CF).

Electronic Media

- *Home Oxygen for Infants and Young Children*, Oklahoma Department of Vocational and Technical Education Resource Center, 1500 West Seventh Avenue, Stillwater, Oklahoma 74074-4364. Video demonstrates the most commonly used home oxygen systems for infants and young children, emphasizes safety measures, and presents suggestions for teaching children to leave their tubing in place. Out of state teachers may order from Learner Managed Designs Inc., 2201 K West 25th Street, Lawrence, KS 66046, 913-842-9088. (30 minutes, VHS)

Medical Models and Simulators

- *Anatomical Chart Company*, 8221 Kimball Avenue, Skokie, Illinois 60076, 800-621-7500.
- *Health Edco Inc.*, P.O. Box 21207, Waco, Texas 76702, 800-299-3366 X 295.

Print Media

- Albanese, A., and A. Toplitz. "A Hassle-Free Guide to Suctioning a Tracheostomy." *RN*, April 1982.
- *Asthma Management Booklet*, rev. ed. Children's Hospital of Oklahoma: Oklahoma City, 1989.
- Ellmyer, P., and N. Thomas. "A Guide to Your Patient's Safe Use of Home Oxygen." *Nursing82*, January 1982.
- Kaufman, Joanne. "What Parents Need to Know About Trach Care." *RN*, October 1988.
- Rathlev, M., and M. McNamara. "Teaching Families to Give Trach Care at Home." *Nursing82*, June 1982.

UNIT REFERENCES

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- Ellis, Janice Rider, Elizabeth Ann Nowlis, and Patricia M. Bentz. *Modules for Basic Nursing Skills*, 4th ed. Houghton Mifflin Company: Dallas, 1988.
- Kleinberg, Susan, ed. *Alternatives to Hospital Care for Respiratory Disabled Children: A Comprehensive Resource Index*. Coordinating Center for Home and Community Care, Inc.: Millersville, Maryland, 1985.

  NOTE: This book is available from CCHCC, Inc., P.O. Box 613, Millersville, Maryland 21108.
- Kozier, Barbara B., and Glenora L. Erb. *Fundamentals of Nursing: Concepts and Procedures*, 2nd ed. Addison-Wesley Publishing Company: Menlo Park, California, 1983.
- *Mosby's Medical and Nursing Dictionary*, 2nd ed. The C.V. Mosby Company: St. Louis, 1985.
- Prendergast, Alice. *Medical Terminology: A Text/Workbook*, 2nd ed. Addison-Wesley Publishing Company: Menlo Park, California, 1983.

- Sorrentino, Sheila A. *Textbook for Nursing Assistants*, 2nd ed. The C.V. Mosby Company: St. Louis, 1987.

- Wolff, LuVerne, and Marlene H. Weitzel. *Fundamentals of Nursing*, 7th ed. J.B. Lippincott Company: Philadelphia, 1983.

- Wood, Lucile A., and Beverly J. Rambo eds. *Nursing Skills for Allied Health Services* vol. 1, 2nd ed. W.B. Saunders Company: Philadelphia, 1977.

INFORMATION SHEET

PROVIDING RESPIRATORY CARE *III*

OBJECTIVE 1

Match terms associated with respiratory care to their correct definitions.

- **alveolus** — air cell of the lungs where gas exchange takes place during respiration
- **bronchi** (singular *bronchus*) — right and left branches of the trachea
- **bronchioles** — terminal ends of the bronchi
- **diaphragm** — musculomembranous wall separating the upper (chest) and lower (abdominal) cavities of the body
- **epiglottis** — leaf-shaped flap of cartilage over the larynx that acts like a lid, preventing food from entering the airway during swallowing
- **esophagus** — a 9-inch canal extending from the pharynx to the stomach
- **exhalation** — breathing air out from the lungs; expiration
- **humidifier** — apparatus used to increase moisture content of the air
- **inhalation** — breathing air into the lungs; inspiration
- **larynx** — upper portion of the respiratory system, on top of trachea; commonly called the *voice box*
- **mucus** — viscous, slippery fluid secreted by mucous membranes
- **nasal cannula** — plastic device with two protruding prongs for insertion into the nostrils
- **nasal catheter** — plastic tube placed through the nose to oropharynx for administering oxygen
- **nasopharynx** — posterior nasal space; that part of pharynx above the soft palate
- **oropharynx** — that part of the pharynx behind the mouth, between soft palate and upper part of epiglottis

- **palate** — structure that forms roof of the mouth, divided into a hard part and a soft part
- **pharynx** — throat; tube-shaped passage for both air and food
- **phlegm** — thick mucus from the respiratory tract
- **respiration** — process or act of breathing
- **suction** — to reduce air pressure over part of a surface
- **sputum** — mucus, cellular debris, and other material coughed up from the lungs, bronchi, and trachea, and ejected through the mouth
- **trachea** — a 4½-inch tube from the larynx to the point where it divides into the two bronchi; commonly called the *windpipe*
- **tracheostomy** — an opening into the trachea by incision, usually done to insert a tube for overcoming tracheal obstruction
- **uvula** — small, cone-shaped fleshy mass suspended above the tongue from the middle of the posterior border of the soft palate
- **ventilation** — exchange of gases in the lungs

OBJECTIVE 2

Label basic structures of the respiratory system.

Because oxygen is vital to maintaining life, the respite care provider should understand the way in which the supply of oxygen remains constant under ordinary conditions of daily living.

Air contains about 20 percent oxygen, enough to meet normal needs of the body. The respiratory system brings oxygen *into* the lungs and removes carbon dioxide *out* of the lungs. This exchange process is known as *ventilation*, which is essential to healthy body function.

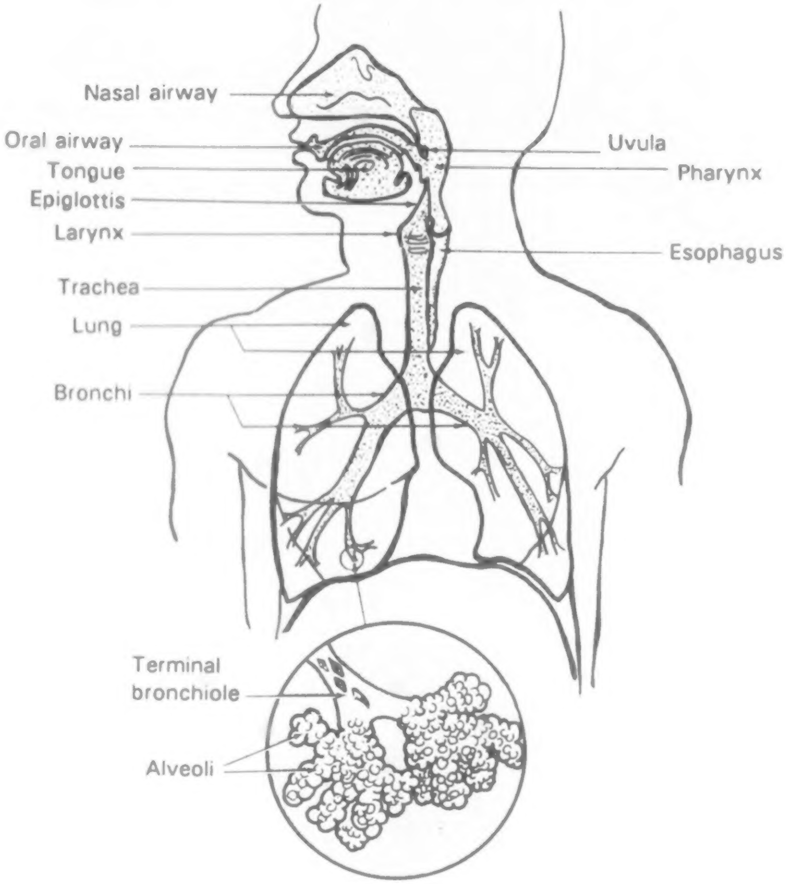
- Air enters the body through the nose (*nasal airway*) and, under certain conditions, the mouth (*oral airway*).
- Air then flows into the *pharynx* and from there passes into the *larynx*.
- Because the pharynx is a common passageway for both food, drink and air, the *epiglottis* acts as a lid over the larynx, preventing substances from entering the airway during swallowing.

- Air continues to pass from the larynx into the *trachea*, which divides at its lower end into the two bronchi.

- The right bronchus enters the right lung. The left bronchus enters the left lung.

NOTE: Oxygen (O_2) completes its exchange with carbon dioxide (CO_2) in the *alveoli* at the end of *bronchioles*.

FIGURE 1


Nasal airway
Oral airway
Tongue
Epiglottis
Larynx
Trachea
Lung
Bronchi
Uvula
Pharynx
Esophagus
Terminal bronchiole
Alveoli

OBJECTIVE 3

Provide information about daily care of a client with asthma.

Asthma is a chronic disease in which the air passages become temporarily narrowed or blocked.

The air passages or bronchioles become narrow or blocked in three different ways during an asthma episode:

- Muscles encircling the bronchioles tighten, causing narrowing of the air passage.

- Cells lining the bronchioles swell and narrow the air passage even further.

- The cells lining the bronchioles secrete mucus that can plug the remaining opening in the air passage.

Asthma "triggers"

A variety of causes can "trigger", or start an asthma episode:

- Colds and other viral infections

  NOTE: A small cold can lead to a bigger infection.

- Allergens

  NOTE: Tiny particles that people can breathe in, drink, eat, or get on their skin cause specific reactions only in people who are sensitive to them. Common allergens that can lead to asthma attacks include tree and grass pollens, house dust, feathers, animal dander, molds, medication, and foods.

- Irritation from air pollution

  EXAMPLES: Cigarette, cigar or pipe smoke, perfumes, dust, chemicals, strong odors, smog

- Exercise or overexertion, especially in cold weather.

- Strong emotions that lead to an outburst of yelling, crying, screaming, or laughing

- Changes in weather; changes in barometric pressure

Signs and symptoms

- Wheezing

- Coughing

- Difficulty in breathing or breathlessness (more that 25 breaths per minute at rest)

- A feeling of tightness in the chest

- A bluish color in the lips and nail beds

Judging the severity of an asthma episode

When dealing with an asthma episode, you will have to judge its severity. There are three indicators used in making this judgement:

- How long it takes for the intake and output of air
- The presence of wheezing
- Signs of retraction

The best way to tell how the client is doing is to measure how long an inhalation lasts as compared to an exhalation (I:O). To better judge the difficulty the client is having in breathing, breathe in and out with the client. In a normal breathing pattern, inhalation lasts 50 percent longer than exhalation.

When an asthma episode occurs, it takes longer to exhale. With a mild episode, this increase is hardly noticeable. In a moderate episode, inhalation and exhalation become about equal. However, in a severe asthma episode, the exhalation takes longer than the inhalation.

Retractions

Retractions are the sucking-in of the soft tissues in the chest; they occur with breathing difficulty. These are first seen:

- Below the rib cage
- In the soft part of the neck above the breast bone
- In the soft tissue over the collarbone
- In the area at the bottom of the breastbone.

In more severe episodes, the tissue between the ribs may be sucked in.

Wheezing

Wheezing is the high-pitched whistling sound that occurs when air flows through the narrowed bronchial tubes. When an episode starts, the wheezing only occurs on exhalation. In mild episodes, wheezing occurs at the end of the exhalation phase. As the episode gets worse, wheezing lasts through all of the exhalation; finally it occurs with inhalation.

Wheezing does not take place in a bronchial tube that is totally blocked.

The client is in serious trouble when exhalation takes twice as long as inhalation, and there are severe retractions but no wheezing. When the client improves through the reopening of some windpipes, the wheezing will reappear.

Managing an asthma episode

1. Watch for symptoms to determine if the client is having an asthma episode.
2. Judge the severity of the episode. Take into account wheezing, retractions, and the I:O ratio.
3. Determine if client has experienced any asthma triggers such as colds and other viral infections, irritants, exercise and overexertion, air pollution, or strong emotion.
4. Help the client sit up, with shoulders relaxed. Speak in a calm and reassuring voice to lessen the client's anxiety; show you understand and know how to help.
5. Encourage the client to drink room-temperature or warm fluids. This helps the client to relax and encourages client to breathe more normally. Avoid cold fluids.
6. Help the client take prescribed amount of medication.
7. If the medication does not work, notify the parents or guardians and ask for specific information about additional interventions or transportation to the hospital.
8. Document the asthma episode in the appropriate records.
9. Notify appropriate personnel about the episode. Try to determine the causes and plan to modify the environment or help the client avoid the problem.

OBJECTIVE 4 **List signs and symptoms of oxygen inadequacy.**

The respite care provider will care for many clients with severe respiratory difficulties. Difficulty in breathing and the feeling of suffocation is a very frightening experience. The care provider must be alert to early indications of respiratory difficulty, especially in clients who cannot communicate, and approach the client with calm reassurance. In addition to these signs and symptoms, you should watch for other, client-specific, signs and signals.

NOTE: Arrange with your client how to signal a breathing difficulty.

Signs and symptoms

- Noticeable difficulty in breathing (dyspnea)

  NOTE: Clients with dyspnea use all of their energy trying to get enough oxygen. In extremely severe cases, you may observe retractions, a sucking inward of the chest wall between the client's ribs on inspiration.

- Restlessness, irritability, fright, and anxiety, for which the client has no reasonable explanation
- Comments such as "I can't breathe" or " I feel as if I'm suffocating"
- Decreased muscle coordination and slowed mental processes
- A pallor or bluish color to the skin (cyanosis), particularly the lips and nailbeds
- Increased rate and depth of respiration
- Possible dizziness and/or fainting
- Headache

OBJECTIVE 5 **List common methods of oxygen administration.**

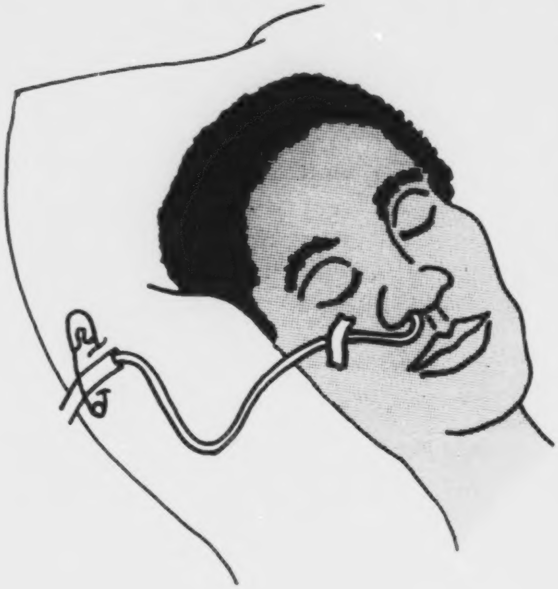
Oxygen therapy, providing supplemental oxygen, may be necessary to ensure adequate ventilation for your client. Oxygen may be supplied through a wall outlet or a portable cylinder (tank). Large oxygen tanks, which are usually painted green, hold the gas at more than 2000 pounds per square inch (2000 psi).

WARNING: Because oxygen is highly flammable and is held at high pressure, you must handle oxygen tanks with great care.

Methods

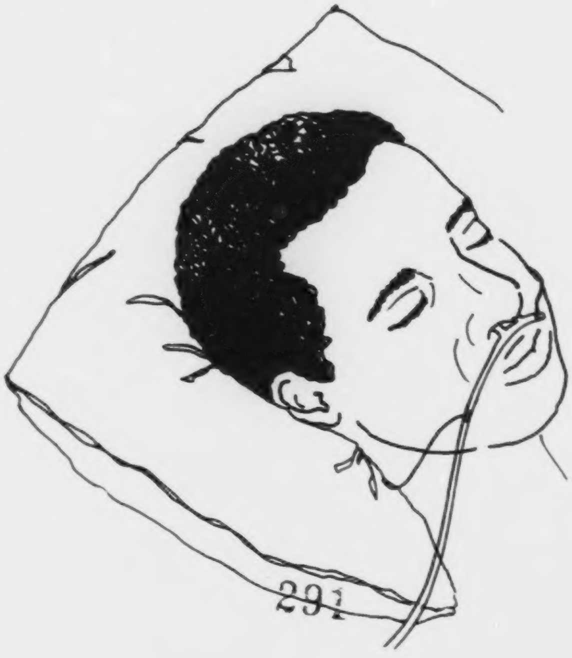
Nasal catheter (Figure 2)

FIGURE 2



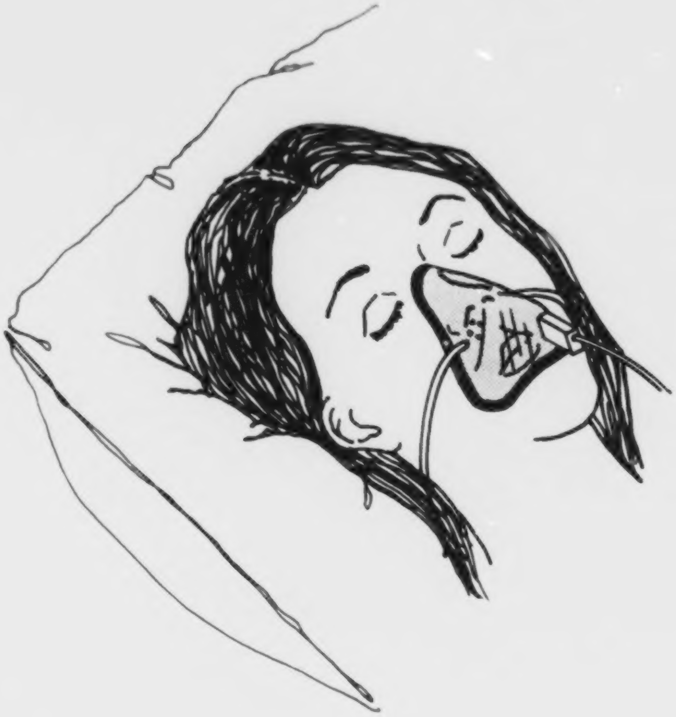
Nasal cannula (Figure 3)

FIGURE 3



Face mask (Figure 4)

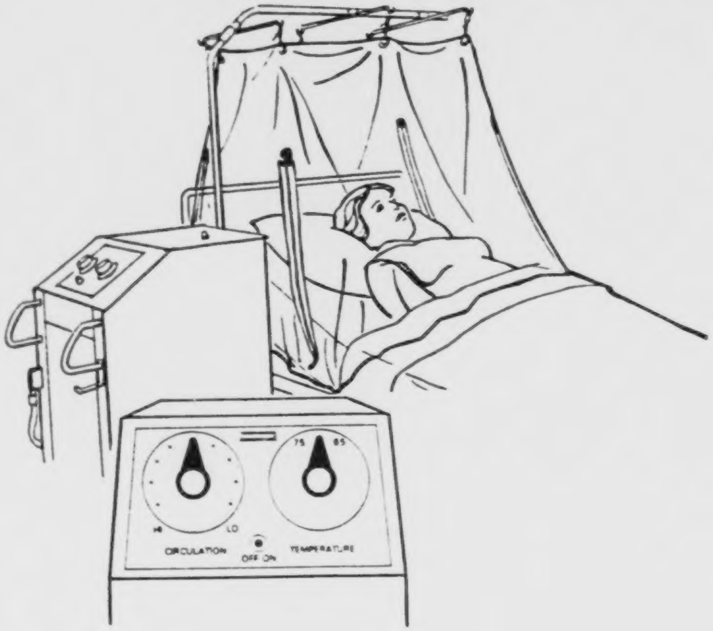
FIGURE 4



Tent (Figure 5)

NOTE: An oxygen tent is a lightweight, portable structure made of clear plastic that fits over the top part of a bed and covers the client's head and chest. The tent is attached to a motor-driven unit that helps circulate and cool air in the tent. A side opening in the tent allows for client care. Most clients who use an oxygen tent need it for a cool or highly humidified air flow.

FIGURE 5



OBJECTIVE 6

Distinguish between safe and unsafe practices around high concentrations of oxygen.

Because a major characteristic of oxygen is its ability to support combustion, you must exercise special precautions to prevent **fire** and **explosion** during oxygen therapy. If you work for an agency, you must also follow its policies pertaining to the use of oxygen.

Safe practices

- Place cautionary signs near the client's bed and around the room on doors and walls to remind client, provider, family, and visitors about oxygen safety.

- Check all equipment each time you start oxygen for a client.

  NOTE: Equipment can malfunction. Large oxygen tanks hold the gas at more than 2000 pounds per square inch (2000 psi). Because of this extreme pressure, even a minor malfunction in equipment could have major consequences.

- Turn the oxygen on and check it **before** you give it to the client.

- Forbid any smoking, lighted candles, or other open flames around oxygen.

- Avoid striking matches in the immediate vicinity of oxygen.

- Avoid using electrical appliances or having them plugged in while oxygen is running.

  NOTE: Pulling a plug from the outlet could create sparks.

- Examine all electrical devices that must be used by or near the client for safe operation; check for any frayed wiring or defects in electrical outlets or plugs.

WARNING: Sparks originating from faulty electrical equipment may produce explosion or fire in the presence of high concentrations of oxygen.

- Keep friction toys — or any toys that may spark — away from oxygen area.

- Remove all materials from the oxygen area that could ignite easily, such as oils, grease, nail polish, remover, or alcohol.

- Avoid wearing clothing stained with oil in the oxygen area.

WARNING: Oil can ignite spontaneously in the presence of high concentrations of oxygen.

- Keep aerosol products away from client area.

- Use cotton blankets, bedding, and clothing around high concentrations of oxygen.

  NOTE: Wool or synthetic fibers, such as rayon, nylon or polyester, may generate sparks of static electricity.

- Frequently check the amount of oxygen left in tank; arrange for more oxygen as needed for clients whose oxygen therapy is essential to life.

CAUTION: Do not let your client run out of oxygen. Persons who are on oxygen should always have a back-up tank. **Be sure another tank is available.**

- Maintain an adequate water line for humidifier bottle if a humidifier is used. Do not use tap water in a humidifier.

  NOTE: The medical equipment company supplying the oxygen should also provide written instructions for operation and maintenance.

MANAGING A CHILD'S ASTHMA EPISODE

INTRODUCTION

An important part of controlling asthma is knowing how to manage an asthma episode. If you follow a few simple guidelines when a child's wheezing begins, you may be able to help reduce the severity of the episode.

Management

- Stay calm

  Watching the child wheeze and have trouble breathing can be very frightening, but it is extremely important for you to remain calm. The child must know that you are in control and can help when an asthma episode occurs.

- Make the child comfortable

  Tell the child to sit in a comfortable position and rest. If it is comfortable, the best position is sitting down and leaning forward on a table or over the child's arms.

- Remove the trigger

  If possible, remove whatever caused the wheezing.

- Give medications

  If the physician has ordered medicine or an inhaler for the child to take during an asthma episode, proper use of this medication will control most episodes.

- Use the asthma severity scoring system

  Follow the instructions given at the end of this supplement to help you decide if you need to take the child to the physician or emergency room. Do not hesitate to call the physician if you are concerned about the child.

Some additional suggestions

Have the child begin the diaphragmatic breathing exercise. You will need to help with the exercise because breathing is difficult during an asthma episode.

Give the child a glass of warm or room temperature liquid—a drink can help the child relax. Never give a cold drink during an asthma episode.

Relaxation techniques

Relaxation techniques are an important part of good asthma control. Proper use of relaxation techniques can often reduce or prevent an asthma episode. You should encourage the child to spend a few minutes every day practicing the relaxation technique so that he or she will be able to use it effectively when an episode occurs.

The child should practice this five-minute relaxation technique in a quiet room without disturbance. If the child likes music, you may play something soft and soothing during the practice.

Have the child practice relaxing by following these steps:

- Stand erect, arms stretched out to the sides, teeth and fists clenched, legs straight, and toes curled.
- Hold this position for several seconds.
- Relax, allowing your body to crumble like a rag doll onto a bed or pillow.
- Lie still, with body as limp as possible, and imagine that you are in a cool, relaxing place. Pretend you are floating on water, drifting through space, or riding a soft, puffy, white cloud.
- Breathe soft and easy, practicing the mental imagery.

Diaphragmatic or tummy breathing

Diaphragmatic breathing exercises are necessary for strengthening the muscles used in breathing. A strong diaphragm helps the child breathe deeper and become less fatigued.

Breathing exercises are also used to break up mucus that accumulates in the lungs and airways following an asthma episode. They are also used to reduce or prevent an oncoming asthma episode when used in conjunction with relaxation techniques.

You can help the child with this breathing exercise by giving these instructions:

- Lie on your back, knees bent and feet flat on the floor.

- Place one hand on your stomach and the other hand on your chest.
- Breathe in through your nose.
- Feel your stomach expand like a ball while your chest does not move.
- Open your mouth slightly and exhale slowly, blowing out all the air.
- Push the remaining air out by pressing gently on your stomach with your hand.
- Repeat the exercise several times.
- Relax and concentrate on your breathing.

Asthma severity scoring system

The asthma scoring system can be used to assess the severity of an asthma episode and as a guideline to assist you in managing an asthma episode. It is not intended to replace the physician's instructions or your own experience.

If you do not have the proper medications or equipment for inhalations (breathing treatments), do not hesitate to call the physician or visit the emergency room.

There are four areas to consider when assessing the severity of an asthma episode: respirations, wheezes, retractions, and color. Note the child's condition and its severity in each area, using the zero-to-two rating system. Add the four ratings to obtain the asthma severity score. Record the date, time, and severity of the episode; and follow the treatment instructions.

Evaluations can be every 15 to 30 minutes, or as often as necessary during an asthma episode.

Score	0	1	2
Respirations (rate/minute)	20 or less	20-40	Above 40
Wheezes	None	Audible when close to the child	Audible from a distance (across the room)
Retractions (skin on chest pulling in with breathing)	None	One of them or combination Between the rib and/or above the breastbone and/or below the ribs	As before plus using the neck muscles
Color	Normal	Blue around the lips	Face and nail beds blue

Score:

6-8 *Severe episode* Give a breathing treatment and bring child to the emergency room.

4-5 *Moderate episode* Give a breathing treatment and bring child to the emergency room.

2-3 *Mild episode* Give a breathing treatment and observe.

Document the episode in the client's chart using a table similar to the one below or as directed by the health team.

Evaluation:

	Date	Time	Score		Date	Time	Score
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Adapted from *Asthma Management Booklet*, revised edition, by Children's Hospital of Oklahoma, Department of Pulmonary Disease, published by Department of Human Services, 1989.

JOB SHEET 1 | PROVIDING RESPIRATORY CARE | III

OBJECTIVE 7

Assist in pursed-lip breathing and diaphragmatic breathing.

INTRODUCTION

Once learned, pursed-lip breathing can become automatic. It slows the respiratory rate and promotes deep breathing.

EQUIPMENT AND SUPPLIES

- Tissues
- Pillow, folded blanket, or stuffed toy

PROCEDURE

Pursed-lip breathing:

1. Wash hands.
2. Explain procedure to client.
3. Position client for comfort (no specific position needed).
4. Hand tissues to client.

   NOTE: Client may have a productive cough.

5. Instruct client in pursed-lip breathing:
   a. Inhale normally once through the nose.
   b. Purse (pucker) the lips, exhaling gradually.

      NOTE: To promote a gradual exhalation, suggest that client exhale to a slow count of seven at first.

   c. Apply pressure on the abdominal muscles by bending forward slightly or holding a pillow against the abdomen to facilitate expiration.
   d. Repeat as ordered or tolerated.
6. Dispose of any tissues used.
7. Reposition client for comfort if indicated.
8. Wash hands.
9. Document procedure.

Functional Writing Skills
- Complete forms & records

Interactive Communication Skills
- Give/follow oral directions
- Communicate with clients/customers

Leadership/ Influencing Skills
- Provide positive coaching

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

Diaphragmatic breathing:

1. Wash hands.
2. Explain procedure to client.
3. Position client one of two ways:
    a. Assist client to sitting position unless contraindicated.
    b. Help client into supine position using only one pillow.

    NOTE: If client has a recent abdominal or chest incision, support incision as needed with pillow, folded blanket, or stuffed toy.
4. Put tissues within client's reach.
5. Give client instructions for breathing exercise:
    a. Breathe deeply five times, slowly and gently, inhaling through the nose and exhaling through the mouth.
    b. Expel a sixth breath forcefully with a cough, holding tissue over mouth.
6. Dispose of tissues.
7. Provide for client's comfort.
8. Wash hands.
9. Put away equipment.
10. Document procedure.

JOB SHEET 2 — PROVIDING RESPIRATORY CARE — III

OBJECTIVE 8 Administer oxygen by oxygen mask.

INTRODUCTION

As a safety precaution you must check the immediate environment carefully for any potential sources of fire. You must eliminate any possible risk, or, if necessary move the client to a safer area. Remember to inform the client and the family of the importance of avoiding any sources of fire or sparks. Always post a sign indicating **"oxygen in use"** on the client's door.

One other precaution that should be taken when using oxygen is to remain with the client until you are sure that the proper flow rate is maintained and the client is calm enough to be left alone safely. Holding the client's hand is often very useful and comforting.

EQUIPMENT AND SUPPLIES

- Oxygen setup
- Oxygen mask

PROCEDURE

1. Check care plan.
2. Wash hands.
3. Assemble equipment and take to client's side.
4. Assess environment for safety.
5. Explain procedure to client.
6. Attach oxygen supply tube to device you are using, turn on oxygen, and test flow.
7. Follow procedure for equipment you are using.
8. Start oxygen flow at the rate indicated on care plan (Figure 6).

CAUTION: Most clients breathe more deeply and rapidly when mask is first applied. If the oxygen flow is initially too low, the client may not get enough oxygen.

Functional Reading Skills
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Interactive Communication Skills
- Analyze/apply non-verbal communication

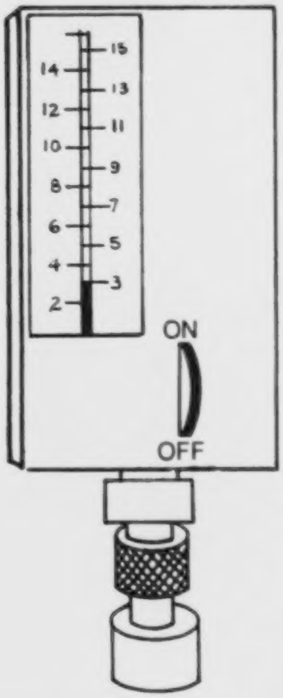
Cognitive Activities Skills

- Collect/record information
- Analyze/synthesize information

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

FIGURE 6



9. Adjust oxygen mask on client.

   NOTE: There are many types of oxygen masks. It is your responsibility to learn about your client's type of mask.

10. Secure straps so that mask fits snugly, but not tightly enough to hamper circulation.

11. Check for oxygen leaks around edges of the mask; if necessary, replace mask with correct size.

12. Readjust rate of flow to prescribed level.

13. Remove mask every two hours to sponge and dry client's face and wipe mask with clean, moist cloth.

14. Monitor oxygen administration.

    a. Check position of oxygen mask.

    b. Check skin integrity under straps.

    c. Check rate of flow of oxygen.

    d. Check water level in humidifier if present.

   e. Check patency of tubing.

   f. Check leaks in connections.

   g. Check quantity of oxygen remaining in cylinder.

   h. Assess condition of nose and mouth and provide oronasal care if needed.

15. Provide for client comfort.

16. Stay with client until safe to leave.

17. Wash hands.

18. Document procedure, including rate of flow in liters per minute, time oxygen was started, method of delivery, observation of the client. Add oronasal care to care plan when appropriate.

19. Clean equipment and replace as necessary.

JOB SHEET 3

PROVIDING RESPIRATORY CARE

III

OBJECTIVE 9 Administer oxygen by cannula.

EQUIPMENT AND SUPPLIES

- Oxygen setup
- Nasal cannula
- Cotton-tipped applicator or pipe cleaner

PROCEDURE

1. Check care plan for details.
2. Wash hands.
3. Assemble equipment and take to client's side.
4. Assess environment for safety.
5. Explain procedure to client.
6. Attach oxygen source to cannula.
7. Start oxygen flow at the rate indicated on care plan.
8. Place cannula on client's face, with prongs in nostrils.
9. Adjust straps and tighten to comfort, pad area where straps rub ears.
10. Adjust rate of flow to prescribed number of liters per minute.
11. Monitor oxygen administration.
    a. Check position of cannula.
    b. Check skin integrity under straps.
    c. Check rate of flow of oxygen.
    d. Check water level in humidifier if present.
    e. Check patency of tubing.
    f. Check for leaks in connections.
    g. Check quantity of oxygen remaining in cylinder.

Functional Reading Skills
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Interactive Communication Skills
- Analyze/apply non-verbal communication

Cognitive Activities Skills
- Collect/record information
- Analyze/synthesize information

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

h. Assess condition of nose and mouth and provide oronasal care if needed.

12. Provide for client comfort.

13. Remove and clean cannula as needed or at least once every eight hours.

    a. Wipe cannula to remove mucus and debris.

    b. Clean obstructed prongs with cotton-tipped applicator or pipe cleaner.

14. Clean and inspect nares for signs of irritation.

15. Wash hands.

16. Document procedure, including rate of flow in liters per minute, time oxygen was started, method of delivery, observation of the client. Add oronasal care to care plan when appropriate.

JOB SHEET 4

PROVIDING RESPIRATORY CARE

III

OBJECTIVE 10 Administer oxygen by nasal catheter.

EQUIPMENT AND SUPPLIES

- Oxygen setup
- Nasal catheter
- Nonallergenic tape
- Safety pin
- Connector
- Glass of water
- Tongue depressor
- Flashlight

PROCEDURE

1. Check care plan.
2. Wash hands.
3. Assemble equipment and take to client's side.
4. Assess environment for safety.
5. Explain procedure to client.
6. Connect the catheter to the tubing.
7. Start the oxygen flow at rate indicated on care plan (Figure 7).

Functional Reading Skills
- Follow written instructions

Functional Writing Skills
- Complete forms & records

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Interactive Communication Skills

- Analyze/apply non-verbal communication

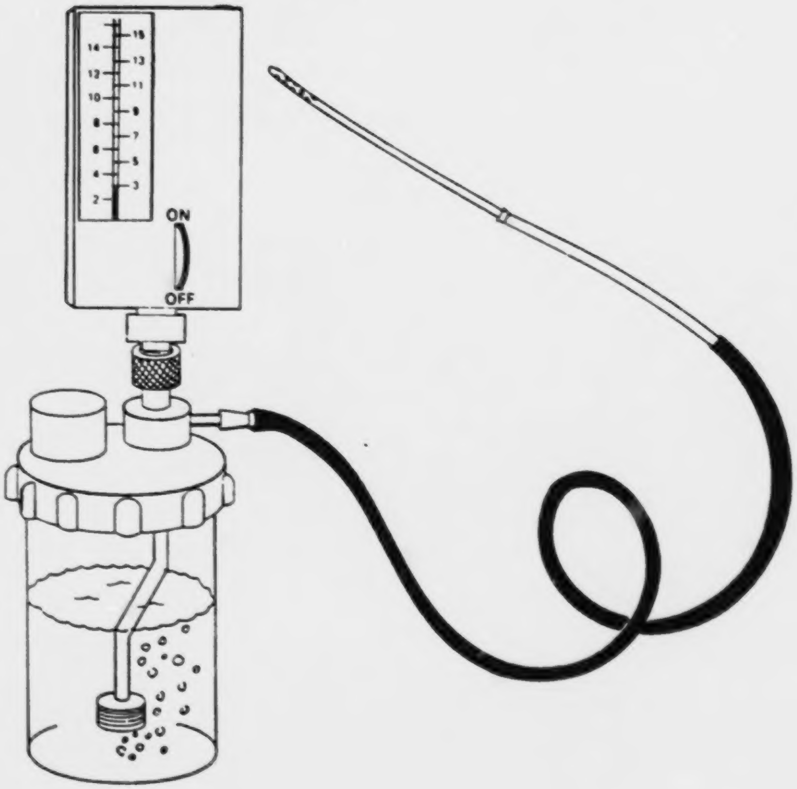
Cognitive Activities Skills

- Create a finished product (written, oral, practical)

Job Acquisition/ Development Skills

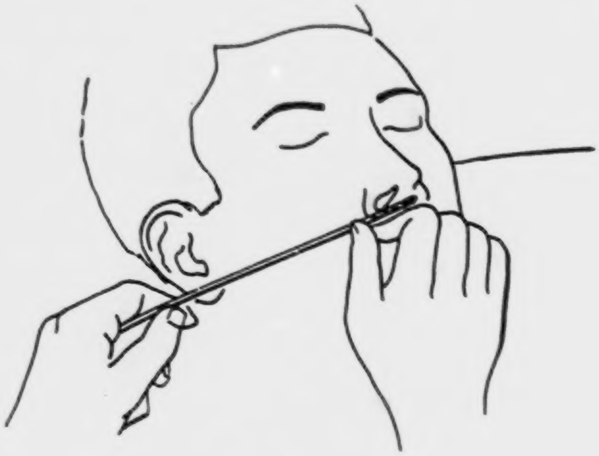
- Master specific job task/procedure
- Practice good work habits/attitudes

FIGURE 7



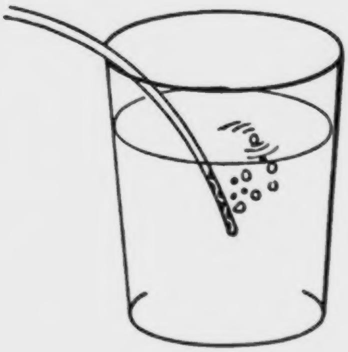
8. Determine the approximate depth to which the catheter is to be inserted by measuring the distance from the tip of client's nose to the ear lobe (Figure 8).

FIGURE 8



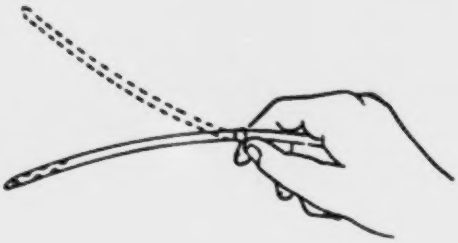
9. Place tip of catheter in a glass of water to make certain that the oxygen is flowing through it and to moisten it (Figure 9).

FIGURE 9



10. Determine the natural droop of the catheter by holding it between the thumb and forefinger; rotate it slowly until the tip hangs at its lowest level (Figure 10).

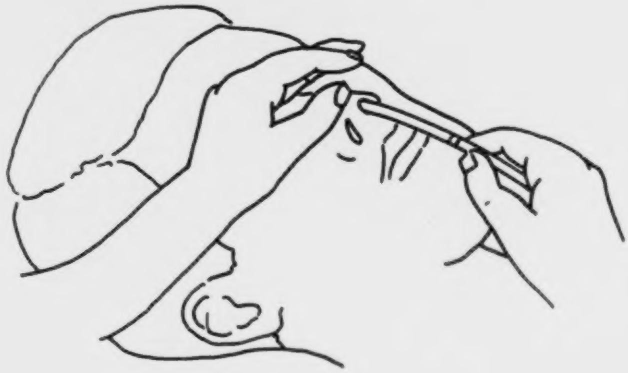
FIGURE 10



11. Slowly and gently insert the catheter to the measured depth (Figure 11).

NOTE: Inserting the catheter will be easier if you elevate the tip of the client's nose as in Figure 6. Do not force the catheter if it meets any obstruction. If there is an obstruction, stop the procedure and consult your supervisor or the client's physician.

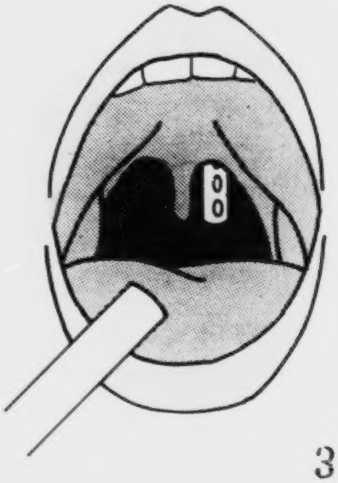
FIGURE 11



12. Use a tongue depressor and flashlight to check the position of the catheter through the client's open mouth (Figure 12).

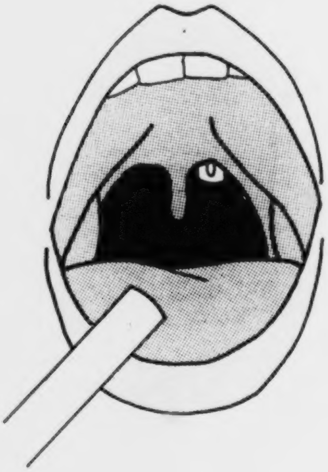
NOTE: Correct position will avoid irritating the uvula and pharynx.

FIGURE 12



13. Withdraw catheter slightly if necessary (Figure 13).

FIGURE 13



14. Fasten catheter in place with tape.

15. Adjust the rate of flow as prescribed.

16. Secure tubing to the bedclothes with a safety pin.

17. Check the tubing to see that it is not twisted.

    NOTE: A whistling sound indicates oxygen flow is obstructed.

18. Leave enough slack in the tubing so that the client can move without pulling the catheter.

19. Remove catheter gently after eight hours, covering it with a towel to prevent mucus from splattering as you withdraw catheter.

20. Insert a fresh catheter, alternating nostrils if possible.

21. Monitor oxygen administration:

    a. Position of the nasal catheter.

    b. Rate of flow of oxygen.

    c. Water level in the humidifier if present.

    d. Patency of tubing.

    e. Leaks in connections.

OBJECTIVE 11 Administer oxygen by tracheostomy collar.

INTRODUCTION

Some experts believe anytime that oxygen is administered through a tracheostomy, so that the normal moistening mechanism is bypassed, humidification of inspired air and oxygen may be necessary. The water must be sterile to prevent infection and is usually changed every 24 hours. You should check care notes carefully to determine the procedures to be followed.

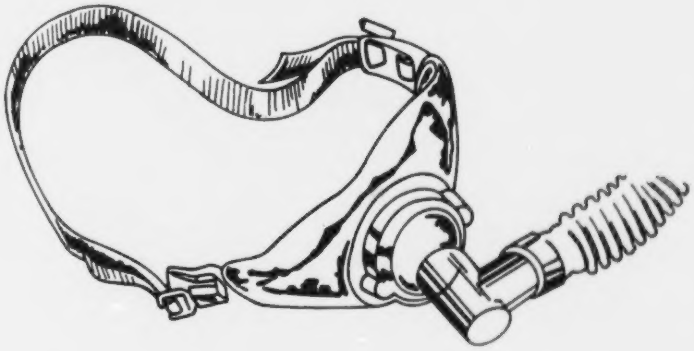
EQUIPMENT AND SUPPLIES

- Oxygen setup
- Tracheostomy collar
- Nebulizer

PROCEDURE

1. Check care plan.
2. Wash hands.
3. Assemble equipment and take to client's side.
4. Assess environment for safety.
5. Explain procedure to client.
6. Attach oxygen supply tube to device you are using, turn on oxygen, and test flow (Figure 14).

FIGURE 14



7. Follow procedure for equipment you are using.

Functional Reading Skills
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Interactive Communication Skills
- Analyze/apply non-verbal communication

Cognitive Activities Skills
- Create a finished product (written, oral, practical)

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

8. Start oxygen flow at the rate indicated on care plan.

9. Provide for client comfort.

10. Stay with client until safe to leave.

11. Wash hands.

12. Monitor oxygen administration.

    a. Position of device.

    b. Rate of flow of oxygen.

    c. Water level in humidifier if present.

    d. Patency of tubing.

    e. Leaks in connections.

13. Document procedure, including rate of flow in liters per minute, time oxygen was started, method of delivery, observation of the client.

14. Clean equipment and replace as necessary.

OBJECTIVE 12

Assist with postural drainage.

INTRODUCTION

Functional Reading Skills
- Follow written instructions

Functional Writing Skills
- Complete forms & records

The care plan will specify how often the client is to have postural drainage. Your client may require postural drainage one to four times a day or as often as every two hours. Generally performed before meals or 1 to 1½ hours after meals, postural drainage may also be recommended in early morning or right before bedtime. To increase its effectiveness, postural drainage often follows other respiratory therapy.

You may hold an infant on a pillow on your lap for postural drainage. Position a small child on your lap and legs. Frequency, positions used, and duration of treatment will be individualized for a specific client. Some clients, such as those with shunts for example, cannot have their heads down and require modified techniques for postural drainage. Follow directions in your client's care plan.

The right lung has three lobes: the right upper lobe (RUL), the right middle lobe (RML), and the right lower lobe (RLL). The left lung has two lobes: the left upper lobe (LUL), and the left lower lobe (LLL).

EQUIPMENT AND SUPPLIES

- Emesis basin
- Tissues
- Additional cover as needed
- Pillows, chair, or folded towel, as needed
- Hospital bed

NOTE: This procedure uses a hospital bed. If your client is in a regular bed, make adjustments with extra pillows or chairs.

PROCEDURE

Interactive Communication Skills
- Analyze/apply non-verbal communication

For older child or adult

1. Check physician's order for details of treatment for your client.

2. Wash hands.

3. Explain the purpose, position, and effects of the procedure to the client.

4. Provide privacy.

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

5. Administer inhalation medication if prescribed.

6. Drape client.

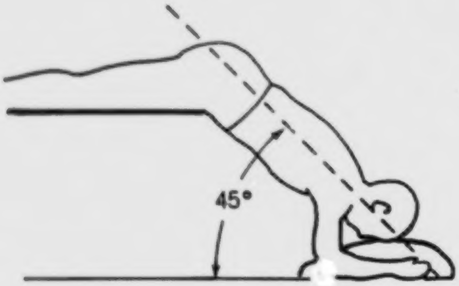
7. Help client into prescribed position, keeping client's spine straight and providing support as needed:

   a. Prone position across the bed with hips at edge of bed (Figure 15).

      1) Help client lie prone across the bed, gradually scooting upper body off the bed at a 45-degree angle to the floor.

      2) Support client's forehead and arms with chair, pillows, or folded towel as needed.

FIGURE 15

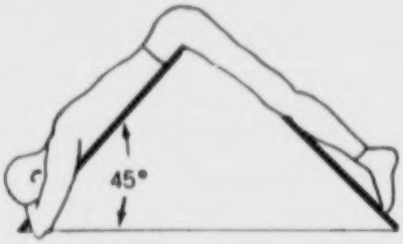


   b. Prone position facing foot of bed with hips at knee break (Figure 16).

      1) Help client lie prone with hips at the knee break, facing foot of bed.

      2) Elevate the knee break of the bed until client's upper body is in a 45-degree angle to the floor.

FIGURE 16



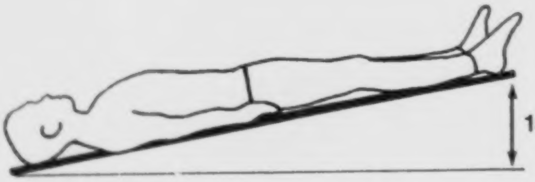
c. Supine position with body straight, feet elevated (Figure 17).

   1) Help client lie face up on bed.

   2) Raise the foot of the bed 18 inches.

   NOTE: Keep the entire mattress, and client's body, straight.

FIGURE 17



d. Side position with feet elevated (Figures 18 and 19).

   1) Assist client onto side opposite lung area to be treated.

   2) Support client's upper leg with a pillow.

   3) Elevate the foot of the bed 18 inches.

FIGURE 18

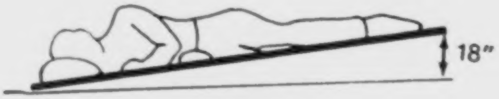
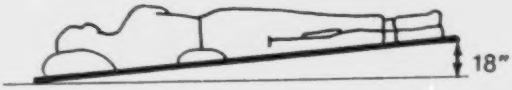


FIGURE 19



8. Provide additional cover as needed for warmth.

9. Place emesis basin and tissues for client's convenience.

10. Percuss or vibrate the chest wall as prescribed.

    NOTE: In most health care institutions, a physical therapist or respiratory therapist is responsible for these actions. If it is part of the respite care provider's responsibility, special instructions for these procedures will be necessary from the attending physician or respiratory therapist.

11. Observe client's skin color and pulse rate frequently.

    NOTE: Remain with the client throughout the treatment.

12. Continue treatment as prescribed, usually for 15-20 minutes, four times per day.

13. Position client for comfort after prescribed time of treatment.

14. Assist client with mouth care.

15. Provide for client's comfort.

    NOTE: Client is usually instructed to rest in bed for 30 minutes following the procedure.

16. Replace equipment.

17. Wash hands.

18. Document procedure, including medication if prescribed, position, length of drainage treatment, description of secretions, tolerance, skin color, and pulse rate.

PROCEDURE

For infant or child

1. Check care plan for details of treatment.

2. Wash your hands.

3. Explain the procedure to the child, using words appropriate to the child's understanding.

4. Provide privacy.

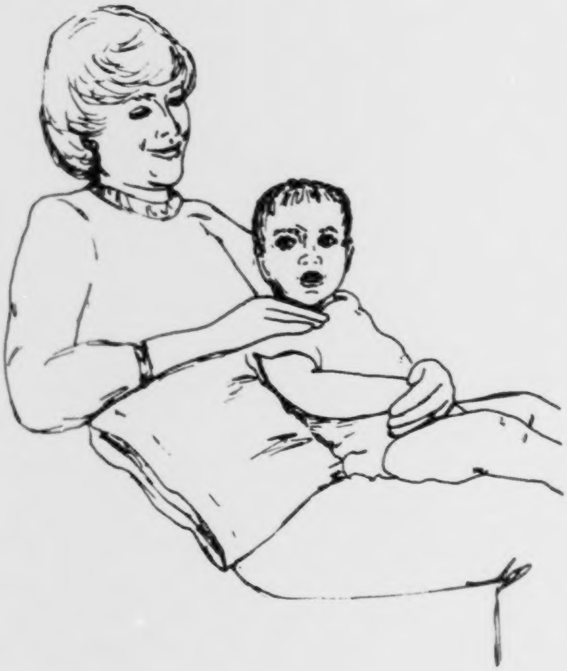
5. Administer inhalation medication if prescribed.

6. Drape client.

7. Place child in prescribed positions to drain specific segments, following instructions in care plan.

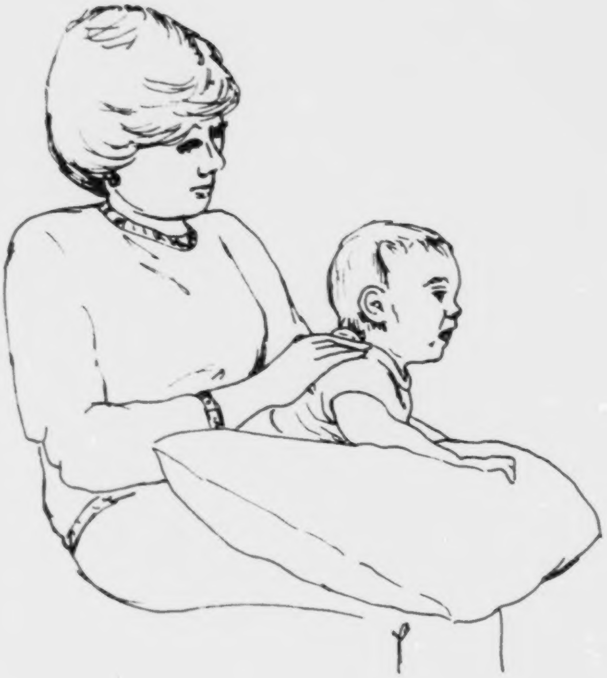
a. Apical segments of upper lobes (Figure 20)

FIGURE 20



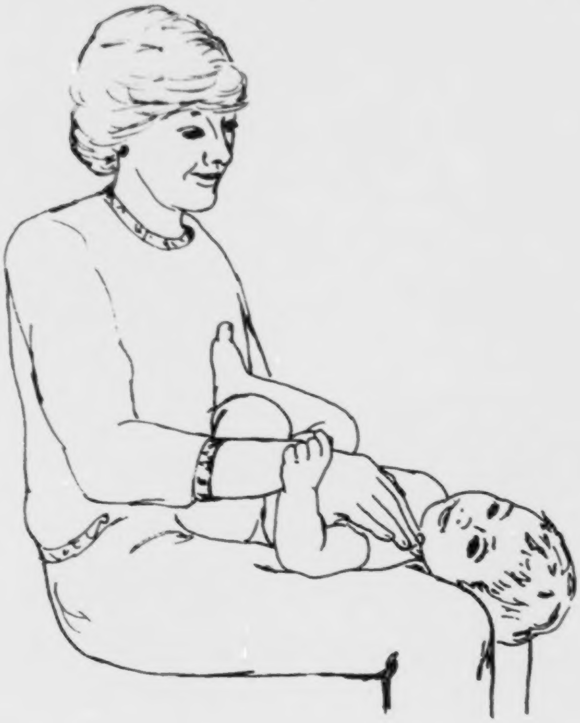
b. Posterior segments of upper lobes (Figure 21)

FIGURE 21



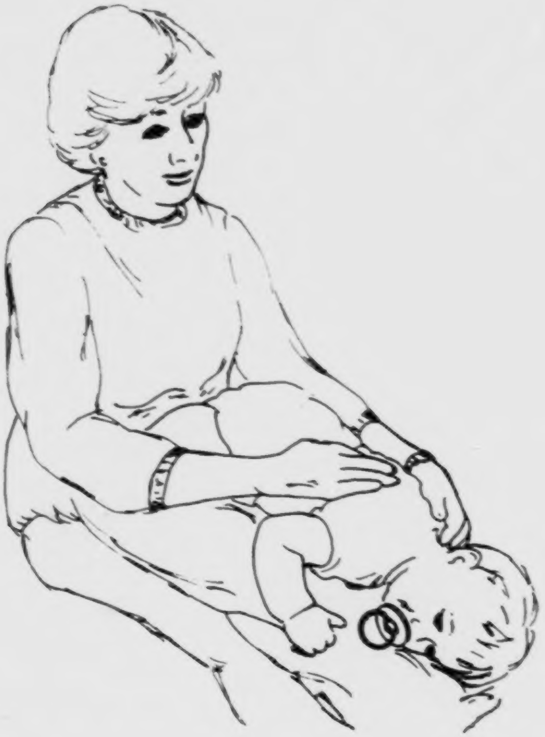
c. Anterior segments of upper lobes— rotate child slightly away from side being drained (Figure 22)

FIGURE 22



d. Superior segments of lower lobes (Figure 23)

FIGURE 23



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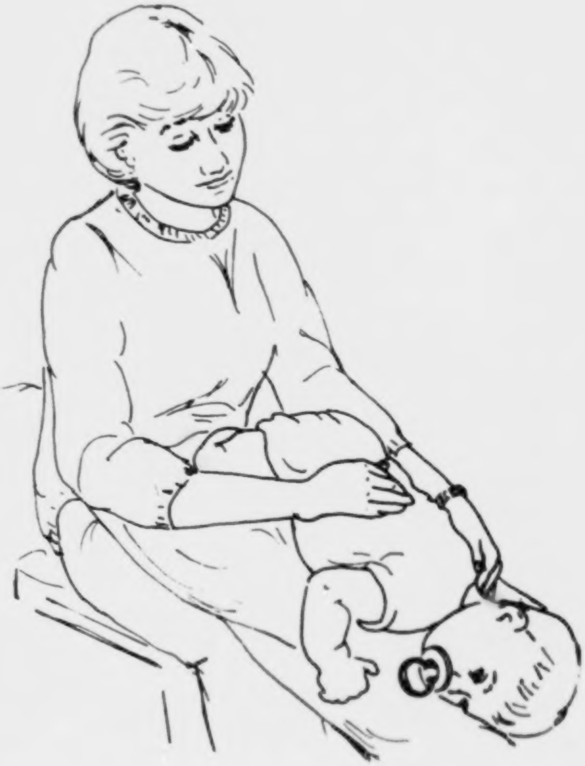
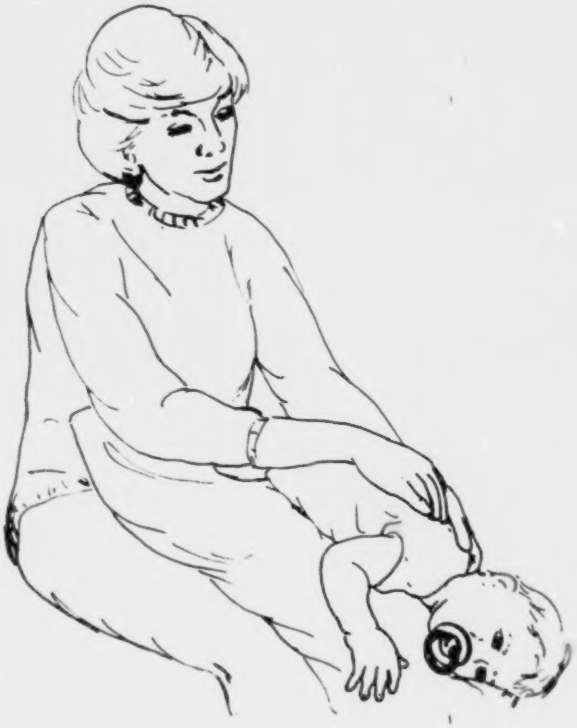
e. Posterior basal segments of lower lobes (Figure 24)

FIGURE 24



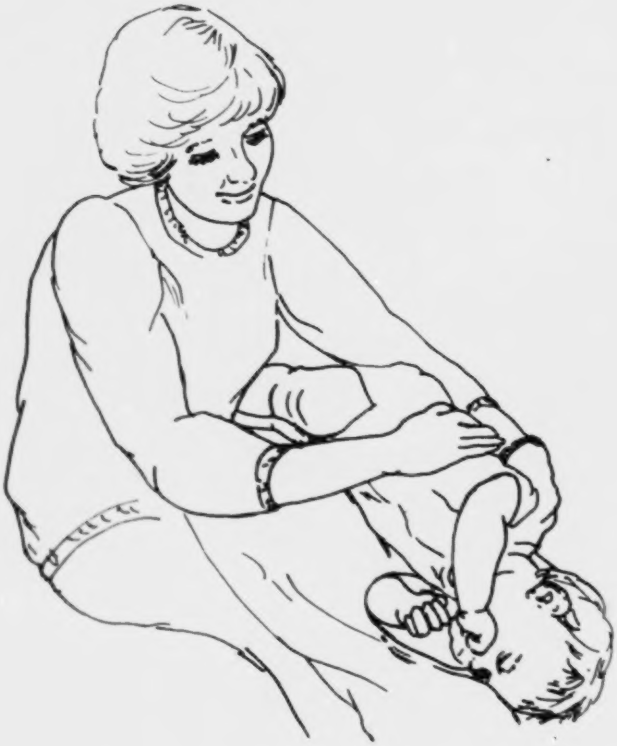
f. Lateral basal segments of RLL (Figure 25)

FIGURE 25



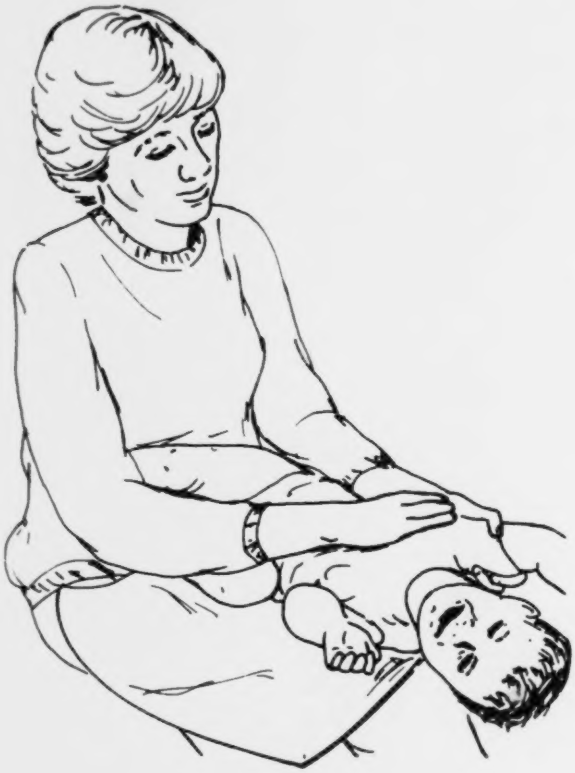
g. Anterior basal segments of lower lobes (Figure 26)

FIGURE 26



h. Medial, lateral segments of RML (Figure 27)

FIGURE 27



Figures 20-27 adapted from Swearingen, Pamela L., *Photo-Atlas of Nursing Procedures*, 2nd edition, Addison-Wesley, 1991.

8. Remain with client throughout treatment and observe client's skin color and pulse rate frequently.

9. Position client for comfort after prescribed time of treatment.

   NOTE: Care plan usually has instructions for 30 minutes of bed rest following the procedure.

10. Assist client with mouth care.

11. Provide for client's comfort.

12. Replace equipment.

13. Wash hands.

14. Document procedure, including medication (if prescribed), position, length of treatment, description of secretions, tolerance, skin color, and pulse rate.

JOB SHEET 7 PROVIDING RESPIRATORY CARE III

OBJECTIVE 13 Collect a sputum specimen.

EQUIPMENT AND SUPPLIES

- Sputum container with cover
- Label
- Tissues
- Clean, disposable gloves

PROCEDURE

1. Check physician's orders.
2. Gather equipment.
3. Wash hands.
4. Put on gloves.
5. Explain procedure to client.
6. Explain that sputum is mucus coughed up from the lungs, and not saliva in the mouth.
7. Assist client to brush teeth, tongue, and gums.

   NOTE: Keeping the mouth clean after eating avoids contaminating the specimen with particles of food.
8. Place sputum container with cover at bedside.
9. Have client cough up sputum into the container.

   NOTE: If client is unable to produce a sputum specimen by coughing, you may be able to obtain it by suction catheter as directed by a professional.
10. Hand tissue to client to wipe mouth.
11. Cover container.

    NOTE: Be very careful in handling container to avoid contacting microorganisms, which can cling to container. Follow manufacturer's instructions for use of containers.
12. Wash and dry the outside of container.
13. Remove and discard gloves.

Functional Writing Skills
- Complete forms & records

Interactive Communication Skills
- Give/follow oral directions
- Communicate with clients/customers

Cognitive Activities Skills
- Create a finished product

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

14. Wash hands.

15. Provide for client comfort.

16. Take or send specimen to testing site.

17. Document procedure.

OBJECTIVE 14 Perform oropharyngeal and nasopharyngeal suctioning.

EQUIPMENT AND SUPPLIES

Using suctioning machine

- Suction tip or catheter and Y-tube
- Container of water
- Clean, disposable gloves
- Suction machine

PROCEDURE

Using suctioning machine

1. Wash hands.
2. Assemble and check equipment.
3. Explain procedure to client; review signal system for client to indicate the need to stop suctioning.
4. Position client:
   a. Position conscious client with unimpaired gag reflex in semi-Fowler's position.
   b. Position an unconscious client in lateral position.
5. Put on gloves.
6. Turn on machine.
7. Place suction tip in container of water.

   NOTE: Water lubricates the catheter or suction tip and prevents secretions from adhering to the side of the suction bottle.
8. Cover air inlet with thumb to activate suction (Figure 28).

Functional Writing Skills
- Complete forms & records

Interactive Communication Skills
- Analyze/apply non-verbal communication
- Communicate with clients/customers

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

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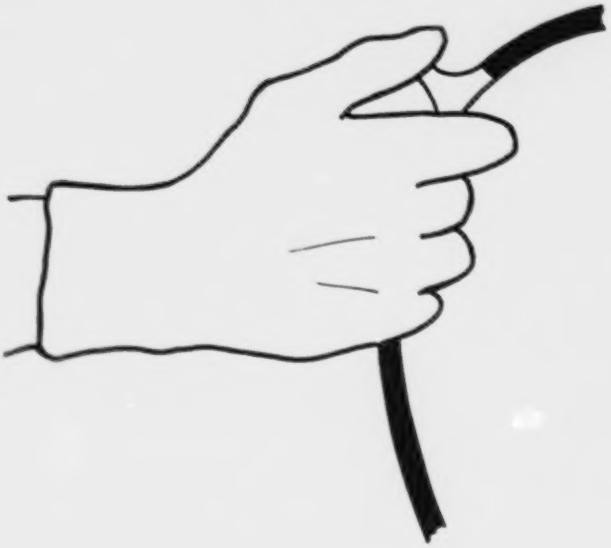
FIGURE 28



9. Clamp off suction tubing or remove thumb from air inlet to inactivate suction while inserting tip.

10. Hold catheter in gloved, dominant hand at about the same distance from the end as from the client's earlobe to the tip of client's nose.

    NOTE: To prevent the catheter from passing beyond pharynx, do NOT insert catheter further than this length.

11. Insert suction tip on catheter gently through the side of the mouth, directing it to the oropharynx; or through the nostril, directing catheter along the nasal cavity floor into the nasopharynx.

WARNING: Tissue trauma is possible. Do NOT apply suction during insertion. Never force the catheter if it does not go in easily.

---

12. Place thumb over air inlet and suction for 10 seconds.

⚠ **DANGER:** Suctioning too long can asphyxiate the client. The entire suctioning process, from insertion to removal, should NEVER exceed fifteen (15) seconds. Hold your own breath during the suctioning to remind yourself that the client is without air for this time also.

---

13. Rotate the tip as you remove it.

    NOTE: Thumb on, suction is on. Thumb off, suction is off.

14. Place tip in water and activate suction to clean tubing.

15. Repeat suctioning as necessary to clear passages.

16. Observe suction bottle frequently.

    NOTE: Do not allow suction bottle to fill more than indicated, usually about three-fourths full. Overfilling the bottle will draw fluid into the motor.

17. Empty suction bottle if necessary.

    a. Remove cap.

    b. Discard contents of suction bottle into toilet (or lavatory if contents are not mucoid).

18. Turn off machine.

19. Discard suction tip.

20. Empty suction bottle into toilet; rinse container with cold water.

21. Remove and discard gloves.

    a. Coil suction catheter in gloved hand.

    b. Still holding catheter, grasp cuff of glove with nondominant hand and pull glove off over the catheter so that catheter can be discarded inside the glove.

    c. Remove other glove.

    d. Discard catheter and gloves.

22. Wash hands.

23. Provide for client's comfort.

24. Clean and return equipment to proper place.

NOTE: Suctioning equipment is usually left at client's bedside. Follow manufacturer's directions for cleaning.

25. Document procedure, including amount and character of secretions, date, time, and client's tolerance of the procedure.

EQUIPMENT AND SUPPLIES

Using bulb syringe

- Sterile bulb syringe
- Clean cloth
- Waste receptacle for secretions

PROCEDURE

Using bulb syringe

1. Wash hands.

2. Gather necessary equipment.

3. Prepare the child or infant in a warm blanket to prevent chilling and restrict movement when necessary.

4. Position client — if the head is slightly downward gravity will help move secretions from the back of the throat to the mouth suctioning will be easier.

5. Compress the bulb before inserting the syringe tip into the client's mouth.

6. Insert the syringe tip into the mouth and release the bulb to aspirate.

7. Remove the syringe and compress the bulb, expressing the contents into the waste receptacle.

8. Repeat steps until the cheeks and mouth are clear.

9. Carefully suction the nostrils, placing the syringe tip just at each opening.

10. Position clients on their side after suctioning to help remaining secretions drain freely.

11. Document as required.

12. Wash hands.

JOB SHEET 9 — PROVIDING RESPIRATORY CARE

OBJECTIVE 15 Provide tracheostomy care.

EQUIPMENT AND SUPPLIES

- Two small basins
- Gauze square
- Sharp scissors
- Small-bristle brush
- Pipe cleaners
- Cotton twill tape
- Cleansing solution
- Rinsing solution
- Disposable bag
- Sterile gloves

PROCEDURE

1. Check physician's orders.
2. Collect equipment.
3. Explain procedure to client.
4. Wash hands.
5. Provide privacy for client.
6. Place client in semi-Fowler's position.
7. Pour each solution into its own basin.

   NOTE: Make sure to label basin for either cleaning or rinsing to keep them separate.
8. Open other equipment and set it out on sterile area.
9. Put on gloves.
10. Remove inner cannula, following manufacturer's directions.

    NOTE: The procedure for removing the inner cannula will depend on the type of trach tube used. Be sure you understand the type of equipment being used and the specific instructions for care. Some trach tubes have no inner cannula. If none is present, proceed to Step 15.

Functional Reading Skills
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

11. Cleanse inner cannula.

    a. Place cannula in the basin with cleansing solution.

    b. Clean cannula with brush and pipe cleaners to remove all mucus.

12. Inspect inner cannula for remaining mucus.

13. Rinse inner cannula in basin with cool rinsing solution.

    NOTE: Mucus is less likely to adhere to cannula if solution is cool. Suction takes place at this time if needed (see Job Sheet 7.)

14. Replace inner cannula.

    NOTE: The inner cannula snaps snugly into the outer cannula. Make sure the inner cannula is securely in place.

15. Remove and discard soiled dressing.

16. Cleanse around stoma area with prescribed solutions; dry carefully.

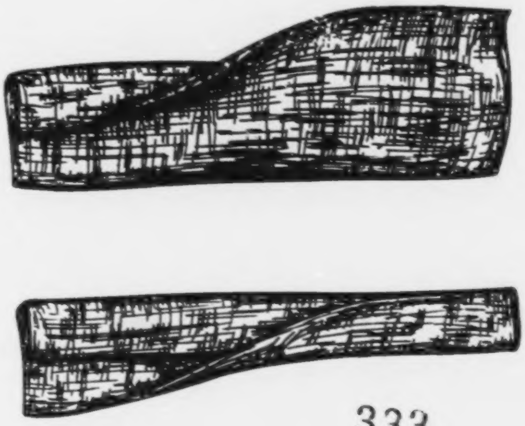
17. Apply new dressing as necessary.

    NOTE: How often to change the dressing depends on client's comfort, amount of drainage, provider's judgment, etc.

    a. Unfold gauze square.

    b. Refold dressing into thirds horizontally (Figure 30).

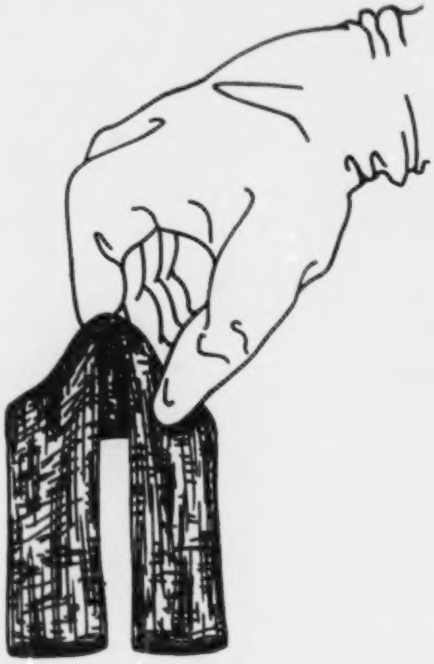
FIGURE 30



c. Turns ends of dressing down to fit like a scarf around tracheostomy (Figure 31).

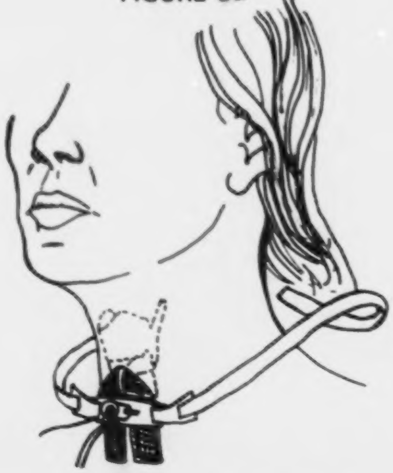
CAUTION: Make sure dressing has no loose threads or lint for client to inhale.

FIGURE 31



d. Place dressing around tracheostomy to catch secretions (Figure 32).

FIGURE 32



18. Change tapes.

NOTE: A daily change of tapes may generally be all that is necessary; tape soilage should be minimal.

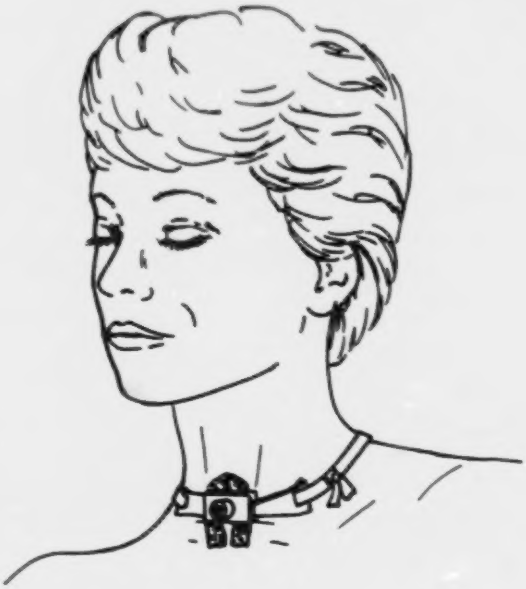
a. Put on clean cotton twill tapes **before** removing old tapes.

NOTE: It is not likely to happen, but the tube could fall out while you are changing tapes.

b. Knot tapes at side of client's neck (Figure 33).

NOTE: Tape should be snug enough to keep the tube from falling out but loose enough put one finger easily between client's neck and tape. Place knot where there will be no pressure to make the neck sore from lying on knot.

FIGURE 33



19. Provide oral care.

NOTE: A client who has a tracheostomy needs meticulous mouth care to prevent odor.

20. Remove gloves.

21. Discard all soiled articles in disposable bag.

22. Make client comfortable.

23. Wash hands.

24. Document procedure.

JOB SHEET 10 PROVIDING RESPIRATORY CARE III

OBJECTIVE 16 Suction a tracheostomy.

INTRODUCTION

You need to learn about this procedure even if you never do it for a client. If you do perform it, be extremely careful, especially with children.

A client with a tracheostomy may develop an obstructed airway. Suctioning will be necessary to clear the obstruction and prevent asphyxiation. As a respite care provider, you will perform this procedure only as ordered, usually whenever there is any indication of airway obstruction.

NOTE: The procedure for tracheal suctioning is similar to the procedure for nasopharyngeal suctioning. If the client with a tracheostomy is on a respirator, special skills are necessary and are not included in this procedure.

⚠ **WARNING:** Suctioning incorrectly can seriously harm your client. Be sure to follow instructions given specifically for your client.

NOTE: If suctioning, cleaning, and dressing are all needed, suction first, so the cleaned tube and dressing will stay cleaner longer.

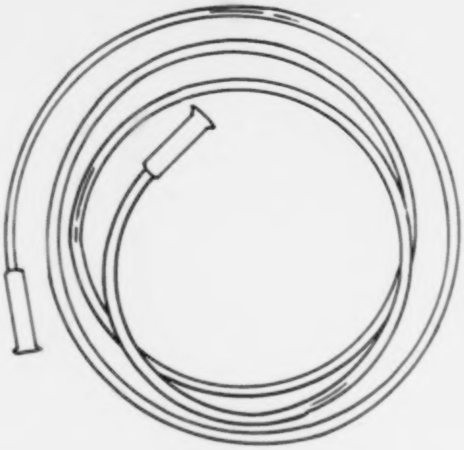
Functional Writing Skills
- Complete forms & records

Interactive Communication Skills
- Analyze/apply non-verbal communication

EQUIPMENT AND SUPPLIES

- Suction machine
- Disposable connecting tube (Figure 34)

FIGURE 34



- Sterile, disposable catheter
- Disposable glove

NOTE: Suctioning a tracheostomy is a *clean* procedure; wearing gloves will help protect the care provider from secretions.

- Sterile 5 ml syringe without needle
- Sterile gauze squares
- Disposable bag
- Sterile saline
- Sterile rinsing container
- Tissues
- Emesis basin
- Towel
- Rubber band

General Relating Skills
- Interact with clients/customers/patients

Teamwork/ Cooperation Skills
- Give/receive feedback

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

PROCEDURE

1. Check physician's orders for specific instructions for your client.

2. Collect equipment; check pressure on suction machine.

3. Explain procedure to client; explain to the unresponsive client because the client may understand even though he or she cannot respond; review client's signal system.

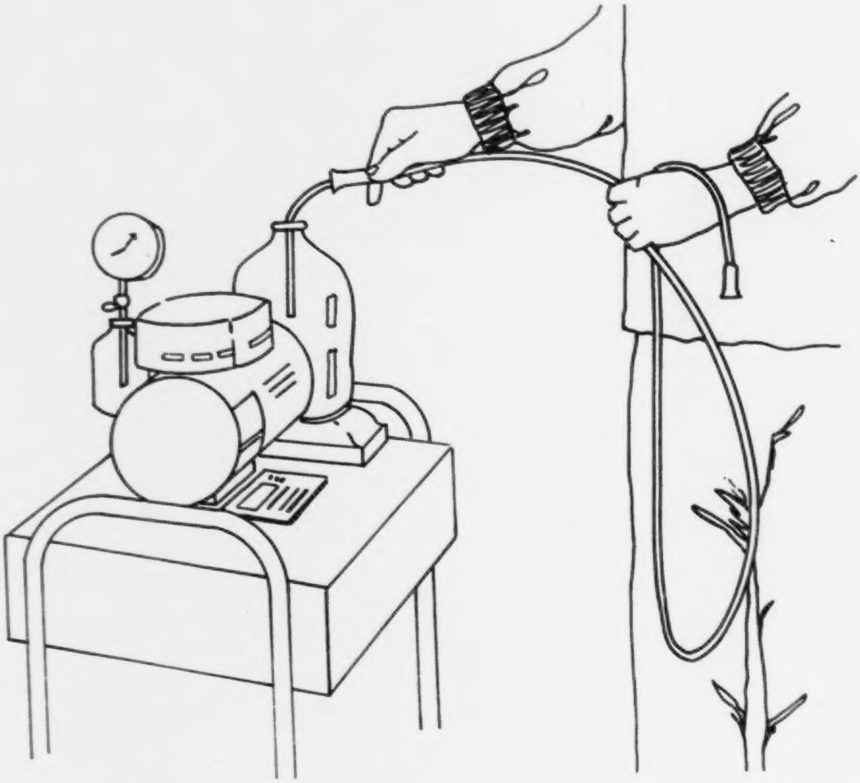
4. Wash hands.

5. Provide privacy for client.

6. Attach suction tubing to glass/plastic receptacle.

   NOTE: Twist suction adapter to insert it into tubing. (Figure 35).

FIGURE 35



7. Place client in semi-Fowler's position.

8. Place towel over client's chest.

9. Have emesis basin and tissues ready for client to use.

10. Prepare needleless syringe with sterile saline if it is ordered.

    NOTE: Amount of saline to instill varies from 1 ml for an infant to 5 ml for an adult. Check care plan for specific amount for your client.

11. Open sterile catheter package on bedside table, maintaining a sterile field.

12. Open one packet of gauze squares.

13. Open sterile rinsing container and fill with normal saline.

14. Open sterile connecting tube pack and connect tube to suction outlet, placing end to be connected to sterile catheter on sterile field.

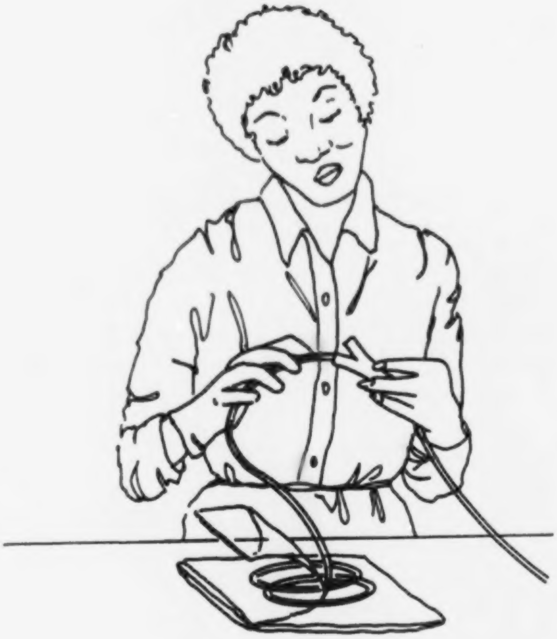
15. Put on glove.

16. Instill saline into the trach opening (if ordered) with ungloved hand.

    NOTE: Saline dilutes secretions

17. Holding sterile catheter in gloved hand, pick up suction tube with ungloved hand, and attach it to catheter by pushing and twisting gently (Figure 36).

FIGURE 36



18. Use ungloved hand to turn on suction.

19. Dip end of catheter into sterile saline.

    NOTE: This tests the machine for function and tests the tubing for patency.

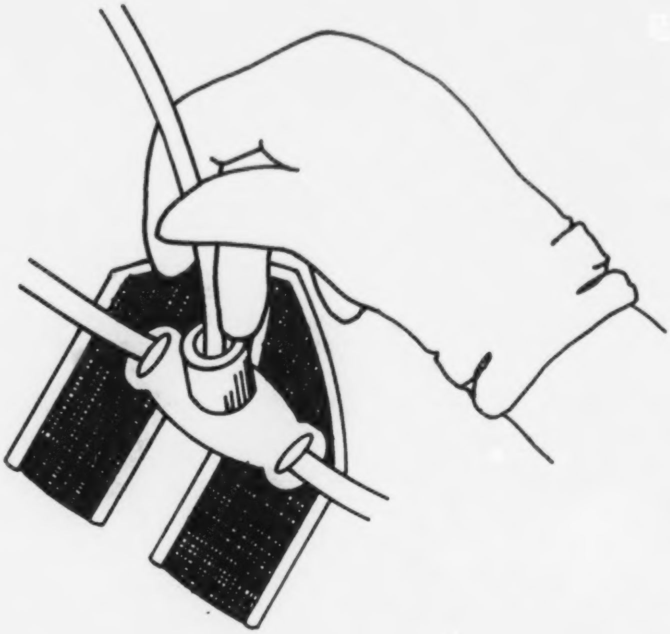
20. Turn client's head slightly toward you.

21. Using ungloved hand, pinch tube of sterile catheter closed near the connection to suction tube or put thumb over suction port; keep it pinched during insertion.

22. Insert catheter slowly through trach opening to a depth of 1 centimeter past the cannula (Figure 37).

⚠ **CAUTION:** To avoid tissue trauma, remember to pinch off tube during the insertion.

FIGURE 37



23. Release tube of sterile catheter to apply suction.

⚠ **DANGER:** Suctioning too long can asphyxiate the client. Do not apply suction for more than 5 seconds for children or 10 seconds for adults. Hold your own breath while suctioning to remind yourself that the client is also without air during this time.

---

24. Raise suction pressure by pinching and releasing tube as necessary.

25. Remove catheter gently, rotating the catheter between thumb and forefinger to prevent catheter from grabbing tissue and causing tissue trauma.

26. Rinse catheter by dipping end into basin of sterile saline and by intermittently applying pressure.

27. Allow client to cough and expectorate mucus.

28. Observe suctioned secretions for color, amount, and consistency.

    NOTE: Normal mucus color is clear or white. If the mucus has a yellow or green color or is tinged with blood, report it to the physician.

29. Allow client to rest a few minutes before another suctioning; observe the client closely.

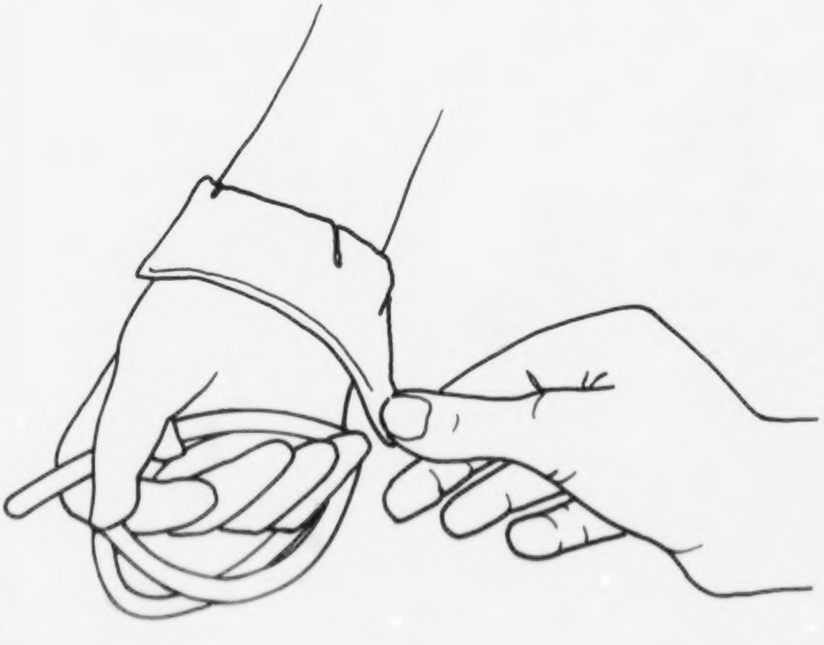
30. Repeat suctioning if a lot of mucus is present.

31. Turn off suction machine with ungloved hand.

32. Disconnect catheter from connecting tubing.

33. Still holding catheter, remove glove by pulling it off over catheter (Figure 38).

FIGURE 38



34. Discard glove and catheter in disposable bag.

35. Cover end of connecting tube with a sterile gauze square; secure square with a rubber band.

36. Wash hands.

37. Make client comfortable; provide oral hygiene if needed.

38. Document procedure, including appearance of mucus and response of client.

PRACTICAL TEST 1 — *PROVIDING RESPIRATORY CARE* — *III*

JOB SHEET 1

Assist in pursed-lip breathing and diaphragmatic breathing.

Student's name ____________________ Date __________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
For pursed-lip breathing:		
1. Washed hands	___	___
2. Explained procedure to client	___	___
3. Positioned client for comfort (no specific position needed)	___	___
4. Handed tissues to client	___	___
5. Instructed client in pursed-lip breathing:	___	___
a. Inhale normally once through the nose	___	___
b. Purse (pucker) the lips, exhaling gradually	___	___
c. Apply pressure on the abdominal muscles by bending forward slightly or holding a pillow against the abdomen to facilitate expiration	___	___

  d. Repeat as ordered or tolerated ___ ___

6. Disposed of any tissues used ___ ___

7. Repositioned client for comfort if indicated ___ ___

8. Washed hands ___ ___

9. Documented procedure ___ ___

For diaphragmatic breathing:

1. Washed hands ___ ___

2. Explained procedure to client ___ ___

3. Positioned client one of two ways: ___ ___

   a. Assisted client to sitting position unless contraindicated ___ ___

   b. Helped client into supine position using only one pillow ___ ___

4. Put tissues within client's reach ___ ___

5. Gave client instructions for breathing exercise: ___ ___

   a. Breathe deeply five times, slowly and gently, inhaling through the nose and exhaling through the mouth ___ ___

   b. Expel a sixth breath forcefully with a cough, holding tissue over mouth ___ ___

6. Disposed of tissues ___ ___

7. Provided for client's comfort ___ ___

8. Washed hands ___ ___

9. Put away equipment ___ ___

10. Documented procedure ___ ___

11. Performed steps in a timely manner ___ ___

12. Practiced safety rules through procedure ___ ___

13. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Positioned client for comfort	4	3	2	1
Provided tissues	4	3	2	1
Instructed client in breathing technique	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

JOB SHEET 2

Administer oxygen by oxygen mask.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Checked care plan	___	___
2. Washed hands	___	___
3. Assembled equipment and take to client's side	___	___
4. Assessed environment for safety	___	___
5. Explained procedure to client	___	___
6. Attached oxygen supply tube to device you are using, turn on oxygen, and test flow	___	___
7. Followed procedure for equipment you are using	___	___
8. Started oxygen flow at the rate indicated on care plan	___	___
9. Adjusted oxygen mask on client	___	___
10. Secured straps so that mask fits snugly, but not tightly enough to hamper circulation	___	___

11. Checked for oxygen leaks around edges of the mask; if necessary, replace mask with correct size ___ ___

12. Readjusted rate of flow to prescribed level ___ ___

13. Removed mask every two hours to sponge and dry client's face and wipe mask with clean, moist cloth ___ ___

14. Monitored oxygen administration by checking position of mask, skin integrity under straps, rate of oxygen flow, water level in humidifier if present, patency of tubing, leaks in connections, quantity of oxygen remaining in cylinder, and condition of nose and mouth ___ ___

15. Provided for client comfort; stayed with client until safe to leave ___ ___

16. Washed hands; documented procedure ___ ___

17. Performed steps in a timely manner ___ ___

18. Practiced safety rules through procedure ___ ___

19. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Assessed environment for safety	4	3	2	1
Tested oxygen flow	4	3	2	1
Started/readjusted flow to correct rate	4	3	2	1
Secured/checked mask properly	4	3	2	1
Monitored oxygen administration	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 3

PROVIDING RESPIRATORY CARE III

JOB SHEET 3

Administer oxygen by cannula.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Checked care plan	___	___
2. Washed hands	___	___
3. Assembled equipment and took to client's side	___	___
4. Explained procedure to client	___	___
5. Attached oxygen source to cannula	___	___
6. Started oxygen flow at rate indicated on care plan	___	___
7. Placed cannula on client's face with prongs in nostrils	___	___
8. Adjusted straps and tightened/padded to comfort	___	___
9. Adjusted rate of flow to prescribed number of liters per minute	___	___

10. Monitored oxygen administration by checking position of cannula, skin integrity under straps, rate of oxygen flow, water level in humidifier if present, patency of tubing, leaks in connections, quantity of oxygen remaining in cylinder, and condition of nose and mouth ___ ___

11. Provided for client comfort; stayed with client until safe to leave ___ ___

12. Removed and cleaned cannula as needed, or at least once every eight hours ___ ___

13. Cleaned and inspected nares for signs of irritation ___ ___

14. Washed hands; documented procedure ___ ___

15. Performed steps in a timely manner ___ ___

16. Practiced safety rules through procedure ___ ___

17. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ____

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____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Assessed environment for safety	4	3	2	1
Tested oxygen flow	4	3	2	1
Started/readjusted flow to correct rate	4	3	2	1
Secured/checked cannula properly	4	3	2	1
Monitored oxygen administration	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

JOB SHEET 4

Administer oxygen by nasal catheter.

Student's name ____________________ Date __________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Checked care plan	___	___
2. Washed hands	___	___
3. Assembled equipment and took to client's side	___	___
4. Explained procedure to client	___	___
5. Connected catheter to tubing	___	___
6. Started oxygen flow at rate indicated on care plan	___	___
7. Determined approximate depth to insert catheter	___	___
8. Checked/moistened catheter by placing in glass of water	___	___
9. Determined natural droop of catheter	___	___
10. Inserted catheter to measured depth	___	___

11. Checked catheter and readjusted if necessary ____ ____

12. Fastened catheter in place with tape and safety pin, making sure tubing was not twisted and leaving sufficient slack ____ ____

13. Adjusted oxygen flow ____ ____

14. Withdrew catheter after eight hours ____ ____

15. Monitored oxygen administration by checking position of catheter, rate of oxygen flow, water level in humidifier if present, patency of tubing, and leaks in connections ____ ____

16. Performed steps in a timely manner ____ ____

17. Practiced safety rules through procedure ____ ____

18. Provided satisfactory responses to questions asked ____ ____

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Assessed environment for safety	4	3	2	1
Tested oxygen flow	4	3	2	1

Started/readjusted flow to correct rate	4	3	2	1
Measured catheter placement properly	4	3	2	1
Inserted catheter properly	4	3	2	1
Monitored oxygen administration	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

____

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____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 5

PROVIDING RESPIRATORY CARE

III

JOB SHEET 5

Administer oxygen by tracheostomy collar.

Student's name ____________________ Date __________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Checked care plan		
2. Washed hands		
3. Assembled equipment and took to client's side		
4. Assessed environment for safety		
5. Explained procedure to client		
6. Attached oxygen supply to device being used and tested flow		
7. Started oxygen flow at rate indicated on care plan		
8. Provided for client comfort		
9. Stayed with client until safe to leave		
10. Documented procedure		

11. Monitored oxygen administration by checking position of device, rate of oxygen flow, water level in humidifier if present, patency of tubing, and leaks in connections ___ ___

12. Performed steps in a timely manner ___ ___

13. Practiced safety rules through procedure ___ ___

14. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

___

___

___

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Assessed environment for safety	4	3	2	1
Tested oxygen flow	4	3	2	1
Started/readjusted flow to correct rate	4	3	2	1
Attached oxygen device properly	4	3	2	1
Monitored oxygen administration	4	3	2	1

EVALUATOR'S COMMENTS

___

___

___

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training

3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required

2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill

1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 6 — PROVIDING RESPIRATORY CARE — III

JOB SHEET 6

Assist with postural drainage.

Student's name ____________________ Date __________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
For older child or adult		
1. Checked physician's order for details of treatment	___	___
2. Washed hands	___	___
3. Explained the purpose, position, and effects of the procedure to the client	___	___
4. Provided privacy	___	___
5. Administered inhalation medication if prescribed	___	___
6. Draped client	___	___
7. Helped client into prescribed position, keeping client's spine straight and providing support as needed:	___	___
a. Prone position across the bed with hips at edge of bed	___	___

    1) Help client lie prone across the bed, gradually scooting upper body off the bed at a 45-degree angle to the floor ___ ___

    2) Support client's forehead and arms with chair, pillows, or folded towel as needed ___ ___

  b. Prone position facing foot of bed with hips at knee break ___ ___

    1) Help client lie prone with hips at the knee break, facing foot of bed ___ ___

    2) Elevate the knee break of the bed until client's upper body is in a 45-degree angle to the floor ___ ___

  c. Supine position with body straight, feet elevated ___ ___

    1) Help client lie face up on bed ___ ___

    2) Raise the foot of the bed 18 inches ___ ___

  d. Side position with feet elevated ___ ___

    1) Assist client onto side opposite lung area to be treated ___ ___

    2) Support client's upper leg with a pillow ___ ___

    3) Elevate the foot of the bed 18 inches ___ ___

8. Provided additional cover as needed for warmth ___ ___

9. Placed emesis basin and tissue wipes for client's convenience ___ ___

10. Percussed or vibrated the chest wall as prescribed ___ ___
11. Observed client's skin color and pulse rate frequently ___ ___
12. Continued treatment as prescribed, usually for 15-20 minutes, four times per day ___ ___
13. Positioned client for comfort after prescribed time of treatment ___ ___
14. Assisted client with mouth care ___ ___
15. Provided for client's comfort ___ ___
16. Replaced equipment ___ ___
17. Washed hands ___ ___
18. Documented procedure, including medication if prescribed, position, length of drainage treatment, description of secretions, tolerance, skin color, and pulse rate ___ ___
19. Performed steps in a timely manner ___ ___
20. Practiced safety rules through procedure ___ ___
21. Provided satisfactory responses to questions asked ___ ___

For infant or child

1. Checked care plan for details of treatment ___ ___
2. Washed hands ___ ___
3. Explained the procedure to the child, using words appropriate to the child's understanding ___ ___
4. Provided privacy ___ ___
5. Administered inhalation medication if prescribed ___ ___

6. Draped client ___ ___

7. Placed child in prescribed positions, following specific instructions in care plan ___ ___

8. Remained with client throughout treatment and observe client's skin color and pulse rate frequently ___ ___

9. Positioned client for comfort after prescribed time of treatment ___ ___

10. Assisted client with mouth care ___ ___

11. Provided for client's comfort ___ ___

12. Replaced equipment ___ ___

13. Washed hands ___ ___

14. Documented procedure, including medication (if prescribed), position, length of drainage treatment, description of secretions, tolerance, skin color, and pulse rate ___ ___

15. Performed steps in a timely manner ___ ___

16. Practiced safety rules through procedure ___ ___

17. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Administered inhalation medication if prescribed	4	3	2	1
Helped/placed client in prescribed positions	4	3	2	1
Percussed/vibrated properly	4	3	2	1
Observed client's skin color and pulse rate	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training

3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required

2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill

1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 7

PROVIDING RESPIRATORY CARE

III

JOB SHEET 7

Collect a sputum specimen.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Checked physician's orders	___	___
2. Filled out label on container and requisition if needed	___	___
3. Washed hands	___	___
4. Put on gloves	___	___
5. Explained procedure to client	___	___
6. Explained that sputum is mucus coughed up from the lungs, and not saliva in the mouth	___	___
7. Assisted client to brush teeth, tongue, and gums	___	___
8. Placed sputum container with cover at bedside	___	___
9. Had client cough up sputum into the container	___	___
10. Handed tissue to client to wipe mouth	___	___

11. Covered container ___ ___

12. Washed and dried the outside of container ___ ___

13. Removed and discarded gloves ___ ___

14. Washed hands ___ ___

15. Provided for client comfort ___ ___

16. Took or sent specimen to laboratory ___ ___

17. Documented procedure ___ ___

18. Performed steps in a timely manner ___ ___

19. Practiced safety rules through procedure ___ ___

20. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ______________________________

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Explained sputum to client	4	3	2	1
Had client brush teeth, tongue and gums	4	3	2	1
Had client cough up sputum into container	4	3	2	1
Washed, dried container and took/sent to laboratory	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 8 | *PROVIDING RESPIRATORY CARE* | *III*

JOB SHEET 8

Perform oropharyngeal and nasopharyngeal suctioning.

Student's name ______________________ Date ____________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
Using suctioning machine		
1. Washed hands	___	___
2. Assembled and checked equipment	___	___
3. Explained procedure to client; reviewed signal system for client to indicate the need to stop suctioning	___	___
4. Positioned client:	___	___
a. Position conscious client with unimpaired gag reflex in semi-Fowler's position	___	___
b. Position an unconscious client in lateral position	___	___
5. Put on gloves	___	___
6. Turned on machine	___	___

7. Placed suction tip in container of water ___ ___
8. Covered air inlet with thumb to activate suction ___ ___
9. Clamped off suction tubing or removed thumb from air inlet to inactivate suction while inserting tip ___ ___
10. Held catheter in gloved, dominant hand at about the same distance from the end as from the client's earlobe to the tip of client's nose ___ ___
11. Inserted suction tip on catheter gently through the side of the mouth, directing it to the oropharynx; or through the nostril, directing catheter along the nasal cavity floor into the nasopharynx ___ ___
12. Placed thumb over air inlet and suctioned for 10 seconds while holding own breath ___ ___
13. Rotated the tip while removing it ___ ___
14. Placed tip in water and activated suction to clean tubing ___ ___
15. Repeated suctioning as necessary to clear passages ___ ___
16. Observed suction bottle frequently ___ ___
17. Emptied suction bottle if necessary ___ ___
    a. Removed cap ___ ___
    b. Discarded contents of suction bottle into commode (or lavatory if contents were not mucoid) ___ ___
18. Turned off machine ___ ___
19. Discarded suction tip ___ ___
20. Emptied suction bottle into toilet; rinsed container with cold water ___ ___

21. Removed and discarded gloves ___ ___

    a. Coiled suction catheter in gloved hand ___ ___

    b. Still holding catheter, grasped cuff of glove with nondominant hand and pulled glove off **over** the catheter so that catheter could be discarded **inside** the glove ___ ___

    c. Removed other glove ___ ___

    d. Discarded catheter and gloves ___ ___

22. Washed hands ___ ___

23. Provided for client's comfort ___ ___

24. Cleaned and returned equipment to proper place ___ ___

25. Documented procedure, including amount and character of secretions, date, time, and client's tolerance of the procedure. ___ ___

26. Performed steps in a timely manner ___ ___

27. Practiced safety rules through procedure ___ ___

28. Provided satisfactory responses to questions asked ___ ___

Using bulb syringe

1. Washed hands ___ ___

2. Gathered necessary equipment ___ ___

3. Prepared the child or infant in a warm blanket to prevent chilling and restrict movement when necessary ___ ___

4. Positioned client with the head slightly downward ___ ___

5. Compressed the bulb before inserting the syringe tip into the client's mouth ____ ____
6. Inserted the syringe tip into the mouth and release the bulb to aspirate ____ ____
7. Removed the syringe and compressed the bulb, expressing the contents into the waste receptacle ____ ____
8. Repeated steps until the cheeks and mouth were clear ____ ____
9. Carefully suctioned the nostrils, placing the syringe tip just at each opening ____ ____
10. Positioned clients on their side after suctioning to help remaining secretions drain freely ____ ____
11. Documented as required ____ ____
12. Washed hands ____ ____
13. Performed steps in a timely manner ____ ____
14. Practiced safety rules through procedure ____ ____
15. Provided satisfactory responses to question asked ____ ____

EVALUATOR'S COMMENTS ______________________________

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Positioned client properly	4	3	2	1
Used suction correctly	4	3	2	1
Disposed of suctioned secretions safely	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

JOB SHEET 9

Provide tracheostomy care.

Student's name ______________________ Date ____________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Checked physician's orders	___	___
2. Collected equipment	___	___
3. Explained procedure to client	___	___
4. Washed hands	___	___
5. Provided privacy for client	___	___
6. Placed client in semi-Fowler's position	___	___
7. Poured each solution into its own basin	___	___
8. Opened other equipment and set it out on sterile area	___	___
9. Put on gloves	___	___
10. Removed inner cannula, following manufacturer's directions	___	___

11. Cleansed inner cannula ___ ___
    a. Placed cannula in the basin with cleansing solution ___ ___
    b. Cleaned cannula with brush and pipe cleaners to remove all mucus ___ ___
12. Inspected inner cannula for remaining mucus ___ ___
13. Rinsed inner cannula in basin with cool rinsing solution ___ ___
14. Replaced inner cannula ___ ___
15. Removed and discarded soiled dressing ___ ___
16. Cleansed around stoma area with prescribed solutions; dried carefully ___ ___
17. Applied new dressing as necessary ___ ___
    a. Unfolded gauze square ___ ___
    b. Refolded dressing into thirds horizontally ___ ___
    c. Turned ends of dressing down to fit like a scarf around tracheostomy ___ ___
    d. Placed dressing around tracheostomy to catch secretions ___ ___
18. Changed tapes ___ ___
    a. Put on clean cotton twill tapes **before** removing old tapes ___ ___
    b. Knotted tapes at side of client's neck ___ ___
19. Provided oral care ___ ___
20. Removed gloves ___ ___

21. Discarded all soiled articles in disposable bag ____ ____

22. Made client comfortable ____ ____

23. Washed hands ____ ____

24. Documented procedure ____ ____

25. Performed steps in a timely manner ____ ____

26. Practiced safety rules though procedure ____ ____

27. Provided satisfactory responses to questions asked ____ ____

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Removed, cleansed, and replaced inner cannula	4	3	2	1
Cleansed around stoma area	4	3	2	1
Changed dressing and tapes correctly	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

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1 **Unskilled** - Is familiar with process, but is unable to perform job

JOB SHEET 10

Suction a tracheostomy.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Checked physician's orders for specific instructions for client	___	___
2. Collected equipment; check pressure on suction machine	___	___
3. Explained procedure to client and reviewed client's signal system	___	___
4. Washed hands	___	___
5. Provided privacy for client	___	___
6. Attached suction tubing to glass/plastic receptacle	___	___
7. Placed client in semi-Fowler's position	___	___
8. Placed towel over client's chest	___	___
9. Had emesis basin and tissues ready for client to use	___	___
10. Prepared needleless syringe with sterile saline if ordered	___	___

11. Opened sterile catheter package on bedside table, maintaining a sterile field ___ ___

12. Opened one packet of gauze squares ___ ___

13. Opened sterile rinsing container and fill with normal saline ___ ___

14. Opened sterile connecting tube pack and connect tube to suction outlet, placing end to be connected to sterile catheter on sterile field ___ ___

15. Put on gloves ___ ___

16. Instilled saline into the trach opening (if ordered) with ungloved hand ___ ___

17. Holding sterile catheter in gloved hand, picked up suction tube with ungloved hand, and attached it to catheter by pushing and twisting gently ___ ___

18. Used ungloved hand to turn on suction ___ ___

19. Dipped end of catheter into sterile saline ___ ___

20. Turned client's head slightly toward you ___ ___

21. Using ungloved hand, pinched tube of sterile catheter closed near the connection to suction tube or put thumb over suction port; kept it pinched during insertion ___ ___

22. Inserted catheter slowly through trach opening to a depth of 1 centimeter past the cannula ___ ___

23. Released tube of sterile catheter to apply suction ___ ___

24. Raised suction pressure by pinching and releasing tube as necessary ___ ___

25. Removed catheter gently, rotating the catheter between thumb and forefinger to prevent catheter from grabbing tissue and causing tissue trauma. ___ ___

26. Rinsed catheter by dipping end into basin of sterile saline and by intermittently applying pressure ___ ___

27. Allowed client to cough and expectorate mucus ___ ___

28. Observed suctioned secretions for color, amount, and consistency ___ ___

29. Allowed client to rest a few minutes before another suctioning; observe the client closely ___ ___

30. Repeated suctioning if necessary ___ ___

31. Turned off suction machine with ungloved hand ___ ___

32. Disconnected catheter from connecting tubing ___ ___

33. Still holding catheter, removed glove by pulling it off over catheter ___ ___

34. Discarded glove and catheter in disposable bag ___ ___

35. Covered end of connecting tube with a sterile gauze square; secured square with a rubber band ___ ___

36. Washed hands ___ ___

37. Made client comfortable; provided oral hygiene if needed ___ ___

38. Documented procedure, including appearance of mucus and response of client ___ ___

39. Performed steps in a timely manner ___ ___

40. Practiced safety rules though procedure ___ ___

41. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Maintained sterile field	4	3	2	1
Suctioned for correct amount of time	4	3	2	1
Did not suction during insertion	4	3	2	1
Discarded disposables safely	4	3	2	1
Followed universal precautions	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

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WRITTEN TEST

PROVIDING RESPIRATORY CARE

III

Name ______________________ Score__________

OBJECTIVE 1

Match terms associated with respiratory care to their correct definitions. Write the correct letters in the blanks.

____ 1. apparatus used to increase moisture content of the air

____ 2. that part of the pharynx behind the mouth, between soft palate and upper part of epiglottis

____ 3. posterior nasal space; that part of pharynx above the soft palate

____ 4. right and left branches of the trachea

____ 5. thick mucus from the respiratory tract

____ 6. mucus, cellular debris, and other material coughed up from the lungs, bronchi, and trachea, and ejected through the mouth

____ 7. a 9-inch canal extending from the pharynx to the stomach

____ 8. structure that forms roof of the mouth, divided into a hard part and a soft part

____ 9. breathing air into the lungs; inspiration

a. alveolus
b. bronchi
c. bronchiole
d. diaphragm
e. epiglottis
f. esophagus
g. exhalation
h. humidifier
i. inhalation
j. larynx
k. mucus
l. nasal cannula
m. nasal catheter
n. nasopharynx
o. oropharynx
p. palate
q. pharynx
r. phlegm

May be photocopied for student use.

_____ 10. viscous, slippery fluid secreted by mucous membranes

_____ 11. air cell of the lungs where gas exchange takes place during respiration

_____ 12. small, cone-shaped fleshy mass suspended above the tongue from the middle of the posterior border of the soft palate

_____ 13. leaf-shaped cartilage flap over the larynx that acts like a lid, preventing food from entering the airway during swallowing

_____ 14. process or act of breathing

_____ 15. upper portion of the respiratory system, on top of trachea; commonly called the voice box

_____ 16. musculomembranous wall separating the upper (chest) and lower (abdominal) cavities of the body

_____ 17. a 4½-inch tube from the larynx to the point where it divides into the two bronchi; commonly called the windpipe

_____ 18. to reduce air pressure over part of a surface

_____ 19. breathing air out from the lungs; expiration

s. respiration

t. suction

u. sputum

v. trachea

w. tracheostomy

x. uvula

y. ventilation

May be photocopied for student use.

_____ 20. an opening into the trachea by incision, usually done to insert a tube for overcoming tracheal obstruction

_____ 21. terminal ends of the bronchi

_____ 22. plastic device with two protruding prongs for insertion into the nostrils

_____ 23. plastic tube placed through the nose to oropharynx for administering oxygen

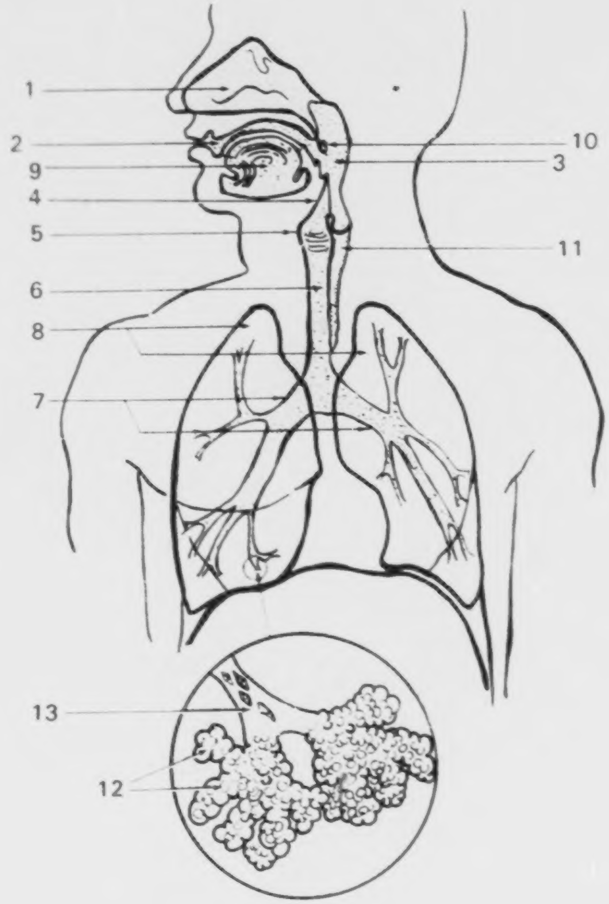
_____ 24. throat; tube-shaped passage for both air and food

_____ 25. exchange of gases in the lungs

May be photocopied for student use.

OBJECTIVE 2

Label basic structures of the respiratory system. Write the correct names in the blanks.



1. ____________________ 8. ____________________

2. ____________________ 9. ____________________

3. ____________________ 10. ____________________

4. ____________________ 11. ____________________

5. ____________________ 12. ____________________

6. ____________________ 13. ____________________

7. ____________________

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May be photocopied for student use.

OBJECTIVE 3 **Provide information about daily care of a client with asthma.**

1. For the past year you have been providing care for Julie, a 5-year-old who suffers from severe asthma attacks and several allergies. You have become very close to Julie and her parents, who consider you almost part of the family. They realize that the trust and affection Julie has for you help you calm her down during her asthma attacks. Because of this, they have asked you to accompany them on a family vacation.

   Two days before the vacation, you wake up with a sore throat. As the day goes on you begin sneezing and coughing. Your doctor tells you it is just a cold, and will probably last about a week.

   What should you do, and why?

   ____

   ____

   ____

   ____

2. List six asthma attack "triggers".

   ____

   ____

   ____

   ____

   ____

3. Name five signs or symptoms of an asthma episode.

   ____

   ____

   ____

   ____

   ____

May be photocopied for student use.

4. Name three indicators you should judge to determine the severity of the asthma episode.

____

____

____

5. You are caring for a client at home when she begins to have difficulty breathing. If you have determined the client has the symptoms signaling an asthma attack, what action should you take **first**? Write the letter of the correct answer in the blank.__________

   a. Call the doctor.
   b. Have the client lie down.
   c. Limit the amount and type of foods served at next meal.
   d. Encourage client to drink warm fluids.

Match questions 6 - 8 with the correct answers. Write the letter of the correct answer in the blank.

____ 6. When does wheezing occur in a severe asthma episode?

____ 7. When does wheezing occur in a mild asthma episode?

____ 8. When does the high-pitched whistling sound at the beginning of an asthma episode occur?

a. on inhalation

b. end of inhalation phase

c. on exhalation

d. end of exhalation phase

e. lasts through all of exhalation and inhalation

f. when the bronchial tube is blocked

May be photocopied for student use.

OBJECTIVE 4 **List signs and symptoms of oxygen inadequacy.** List eight signs and symptoms in the blanks.

____

____

____

____

____

____

____

____

OBJECTIVE 5 **List common methods of oxygen administration.** List four common methods in the blanks.

____

____

____

____

OBJECTIVE 6 **Distinguish between safe and unsafe practices around high concentrations of oxygen.**

1. Write an "X" in the blanks before items that are allowed in the room of a client who is receiving oxygen.

____ a. Baby oil

____ b. Lighted candles

____ c. Cotton blanket

____ d. Electric fan

____ e. Flashlight

____ f. Wool rug

____ g. Coloring book

____ h. Cigarette lighter

____ i. Electric razor

____ j. Nylon pajamas

____ k. Cotton pajamas

____ l. Nail polish remover

May be photocopied for student use.

2. You are providing care this afternoon for Janet, a teenager who is currently receiving oxygen. You have agreed to give her a manicure after you finish washing the lunch dishes. While cleaning up in the kitchen, you spill some salad dressing on the sleeve of your nylon blouse. You dab at the spill with paper towels until you can no longer see the spot easily.

   Going into Janet's room armed with your manicure kit, nail polish, and polish remover, you notice that she has been watching a game show on television. After placing an old towel under Janet's hand to protect her cotton blanket from the nail polish, you begin to take off her old polish.

   Name the unsafe practices in this situation.

NOTE: Objectives 7-16 are evaluated on job sheets/assignment sheets in this unit. If you have not completed these components, see your instructor.

May be photocopied for student use.

WRITTEN TEST ANSWERS

PROVIDING RESPIRATORY CARE

III

OBJECTIVE 1

1. h
2. o
3. n
4. b
5. r
6. u
7. f
8. p
9. i
10. k
11. a
12. x
13. e
14. s
15. j
16. d
17. v
18. t
19. g
20. w
21. c
22. l
23. m
24. q
25. y

OBJECTIVE 2

1. Nasal airway
2. Oral airway
3. Pharynx
4. Epiglottis
5. Larynx
6. Trachea
7. Bronchi
8. Lung
9. Tongue
10. Uvula
11. Esophagus
12. Alveoli
13. Terminal bronchiole

OBJECTIVE 3

1. You should not stay with Julie. You may be contagious and could cause Julie more problems. If possible, help the family find a substitute respite care provider.
2. - Colds and other viral infections
   - Allergens
   - Irritation from air pollution
   - Exercise or overexertion, especially in cold weather
   - Strong emotions that lead to an outburst of yelling, crying, screaming, or laughing
   - Changes in weather; changes in barometric pressure

3.
- Wheezing
- Coughing
- Difficulty in breathing or breathlessness (more than 25 breaths per minute at rest)
- A feeling of tightness in the chest
- A bluish color in the lips and nail beds

4.
- How long it takes for the intake and output of air
- The presence of wheezing
- Signs of retraction

5. d

6. e

7. d

8. c

OBJECTIVE 4

- Noticeable difficulty in breathing (dyspnea)
- Restlessness, irritability, fright and anxiety for which client has no reasonable explanation
- Comments such as "I can't breathe" or "I'm suffocating"
- Decreased muscular coordination and slowed mental processes
- A pallor or bluish color to the skin (cyanosis), particularly the lips and nailbeds
- Increased rate and depth of respiration
- Possible dizziness and/or fainting
- Headache

OBJECTIVE 5

- Nasal catheter
- Nasal cannula
- Face mask
- Tent

OBJECTIVE 6

1. c, g, k

2. Wearing synthetic fabric in oxygen area; wearing oil-stained clothing in oxygen area; allowing electrical equipment to be on in oxygen area; taking nail polish and remover into oxygen area

OBJECTIVE SHEET

ASSISTING WITH CARDIOVASCULAR CARE

IV

INTRODUCTION

Several parts of the human body that work together to perform a certain job or function form a *system*. The different parts, or *subsystems,* perform individual functions. In the human body, all systems are interdependent, and every organ — down to the smallest cell — is dependent on an adequate supply of blood to maintain life. This lifeline begins at the heart. Even when disease, injury, age, or other malfunction damages this miraculous organ, it will often continue its work in spite of the impairment.

This unit focuses on the conditions under which clients with common heart impairments maintain an adaptive lifestyle. The respite care provider must be alert to life-threatening changes for these clients and to methods of care that increase clients' comfort and safety despite the handicap of heart disease.

PREREQUISITES

Basic Respite Care.

UNIT OBJECTIVE

After completing this unit, you should be able to assist the client and/or family members in adjusting to lifestyle modifications resulting from selected cardiovascular impairments. You will show these competencies by completing the assignment sheets and written test with a minimum 85 percent competency.

SPECIFIC OBJECTIVES

After completing this unit, you will be able to:

1. Match terms associated with cardiovascular functions to their correct definitions. (Student Supplements 1 and 2)
2. State the signs and symptoms of hypertension and list guidelines for the care of a client who experiences hypertension.
3. State the risk factors and signs and symptoms of coronary artery disease (CAD) and list ways to care for a client who experiences angina pectoris or myocardial infarction.
4. State the signs and symptoms of early and advanced congestive heart failure (CHF) and list ways to care for a client who experiences this disorder.

5. State the risk factors and signs and symptoms of generalized peripheral vascular impairment, and list ways to care for a client who experiences this disorder.

6. Apply antiembolism stockings. (Job Sheet)

SUGGESTED ACTIVITIES

ASSISTING WITH CARDIOVASCULAR CARE IV

PREPARATION

- Obtain materials to supplement unit.

  NOTE: See Suggested Resources

- Review instructional outline for this unit. Modify time frames to suit class needs and plan activities for each class period.
- Display posters, catalogs, brochures, and magazine articles to provide more information about assisting with cardiovascular care.
- Make transparency from Transparency Master.
- Arrange for a guest speaker such as a nurse, home health care professional, or a family member who helps provide care for a client with cardiovascular disorders to speak to the class on how to assist families and patients.

DELIVERY

Objective 1: Match terms associated with cardiovascular functions to their correct definitions.

- Review Student Supplement 1 and discuss additional terms.
- Show transparency and have students verbally trace the flow of blood through the heart.
- Review Student Supplement 2 and trace the flow of blood through the body.

Objective 2: State the signs and symptoms of hypertension and list guidelines for care of a client who experiences hypertension.

- Compare hypertension and hypotension, point out the importance of watching for signs and symptoms following treatment as prescribed, and discuss drug therapy.

APPLICATION

Objective 6: Apply antiembolism stockings.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify material in unit or create supplementary materials for individual students as required.

Practical Test

- Evaluate students on Job Sheet activities if not previously done.
- Give Practical Test.
- Evaluate student performance of procedures.
- Complete appropriate section of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked on the written test to demonstrate actions listed in the specific objectives.
- Give Written Test

  NOTE: The Written Test may be given in sections if desired.

- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Human Resources

- American Heart Association, 7272 Greenville Avenue, Dallas, Texas 75231, 214-373-6300.

- National Heart and Lung Institute, National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland 20892, 301-496-4000.
- Oklahoma Heart Association, 2601 Northwest Expressway Suite 1200 East, Oklahoma City, Oklahoma 73112, 405-840-1444.

Print Media

- American Association of Retired Persons. *AARP Pharmacy Service Prescription Drug Handbook*. Boston, Little, Brown and Company, 1988.
- Graedon, J., and T. Graedon. *Fifty-plus: The Graedon's People's Pharmacy for Older Adults*. New York: Bantam Books, Inc., 1988.
- Long, J. W. *The Essential Guide to Prescription Drugs*. New York: Harper and Row Publishers, 1989.
- Joachim, G. "How to Give a Great Foot Massage." *Geriatric Nursing* 4 (January/February 1983): 28.

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- Judd, Eloise. *Nursing Care of the Adult*. Philadelphia: F. A. Davis Company, 1983.
- Kozier, Barbara, and Glenora Erb. *Fundamentals of Nursing: Concepts and Procedures*. 2nd ed. Menlo Park, CA: Addison-Wesley Publishing Company, 1983.
- Lewis, Sharon, and Idolla Collier. *Medical-Surgical Nursing: Assessment and Management of Clinical Problems*. New York: McGraw-Hill Book Company, 1983.
- Sorrentino, Sheila. *Textbook for Nursing Assistants*. 2nd ed. St. Louis: The C. V. Mosby Company, 1987.
- Urdang, Laurance, and Helen Swallow, eds. *Mosby's Medical and Nursing Dictionary*. St. Louis: The C. V. Mosby Company, 1983.
- *Vital Signs (A Lippincott Learning System Workbook)*. Philadelphia: J. B. Lippincott Company, 1973.

INFORMATION SHEET | ASSISTING WITH CARDIOVASCULAR CARE | IV

OBJECTIVE 1 **Match terms associated with cardiovascular functions to their correct definitions.**

- **aorta** — blood vessel that carries oxygenated blood from the left ventricle of the heart to the rest of the body
- **arteriole** — small artery
- **artery** — blood vessel that carries blood from the heart
- **atrium** — one of the two upper chambers or compartments of the heart
- **capillary** — tiny blood vessel that connects arterioles and venules
- **cardiac/coronary** — pertaining to the heart
- **cyanosis** — slightly blue tint to the skin caused by a lack of oxygen in the blood
- **dyspnea** — shortness of breath
- **edema** — abnormal accumulation of fluid in tissue spaces between coverings of certain organs and in body cavities or joint capsules
- **embolus (plural *emboli*)** — "floating" blood clot

  NOTE: An embolus commonly lodges in a small vessel, attaching itself to the vessel wall and enlarging to form a *thrombus*.
- **pulmonary artery** — blood vessel that carries blood from right ventricle of the heart to the lungs.
- **thrombus (plural *thrombi*)** — blood clot that is attached to the wall of a blood vessel

  NOTE: A thrombus that breaks away from the vessel wall becomes an *embolus*.
- **valve** — membranous fold in a passageway of the heart that prevents return of blood passing through it
- **vein** — blood vessel that carries blood to the heart

- **ventricle** — one of the two lower pumping chambers of the heart

- **venule** — small vein

OBJECTIVE 2

State the signs and symptoms of hypertension and list guidelines for care of clients who experience hypertension.

Hypertension is defined as blood pressure that is higher than normally expected for an individual's age, weight, and sex. Blood vessels remain tightened or constricted, and the smaller vascular space keeps the blood pressure elevated. This higher pressure increases the formation of atherosclerotic plaque and thrombi within the vessels. These vascular changes affect virtually every organ in the body, particularly the heart, brain, kidneys, and eyes.

There are three types of hypertension: essential, secondary, and malignant. This unit focuses on essential hypertension, which is the type most hypertensive persons (approximately 85 to 90 percent) have. Essential hypertension occurs most commonly in women and in middle-aged or older persons. There is no known cause for hypertension.

Signs and symptoms

NOTE: Symptoms develop very gradually, and there may be no symptoms for a period of years.

- Severe headache, associated with nausea and vomiting
- Fatigue
- Difficulty breathing on exertion
- Deteriorating vision
- Kidney disorders
- Anginal pain
- Drowsiness and mental impairment
- Edema of the extremities

Treatment

There is no cure for essential hypertension. Care consists of client/family education, and assisting client as needed to reduce stress and follow physician's orders regarding diet modifications and drug therapy. The client may have difficulty accepting the problem and the need for a change in lifestyle if there are few symptoms — or none — at time of diagnosis. The goal of medical treatment is to prevent, or minimize, organ involvement.

Focus of treatment:

- To reduce blood pressure to within normal limits
- To maintain blood pressure within these limits
- To delay onset of serious complications

The caretaker's role in treatment includes:

- Encourage client to reduce stress:

  NOTE: Point out that stress increases arteriole constriction, leading to a rise in blood pressure.

  - Moderate all activities of daily living.
  - Balance activity (particularly work) and relaxation.
  - Avoid tension-producing situations.

- Encourage client to take prescribed blood pressure medication:

  - Take only the prescribed amount, never more or less. Do not change your dosage without talking to your physician.

  - Take the prescribed dose at the correct time; never skip a dose and then attempt to "catch up" by taking it more frequently.

  - Report any side effects or unusual feelings to the physician.

  - **Never** stop taking your medication unless your physician tells you to. Stopping the medication could result in severe episodes of hypertension.

  - Keep scheduled office visits with your physician to monitor the effects of the medication.

Hypotension

Hypotension occurs when blood pressure falls to dangerously low levels that are inadequate for normal tissue oxygenation.

Signs and symptoms

- Faintness
- Dizziness
- Lightheadedness
- Nausea
- General weakness

If your client experiences any of these symptoms:

- Have client lie down immediately and elevate feet when an episode of hypotension is experienced or suspected
- Notify physician with details of any episode, noting in particular the activity and time intervals before and after treatment
- Encourage client to prevent hypotension:
    - Avoid standing without moving for prolonged periods, especially for first several hours after a dose of medicine.
    - Avoid large amounts of alcohol, hot baths, immobility following exercise, and any activity that causes vasodilatation and a subsequent lowering of blood pressure.
    - Rise slowly from either a sitting or lying position. This allows the cardiovascular system to adjust to positional changes.

OBJECTIVE 3

State the risk factors and signs and symptoms of coronary artery disease (CAD) and list ways to care for a client who experiences angina pectoris or myocardial infarction.

Coronary artery disease (CAD) is the leading cause of death in the United States. The two major complications of CAD are *angina pectoris* (which means "chest pain") and *myocardial infarction* (MI). Other names for CAD are *arteriosclerotic heart disease* (ASHD), *cardiovascular heart disease* (CVHD), *ischemic heart disease* (IHD), and *coronary heart disease* (CHD).

The right and left coronary arteries arise from the aorta, branching and fanning out over the entire heart muscle to supply that muscle with oxygen and nutrients. CAD is a condition in which these coronary arteries become narrow and obstructed. *Ischemia* (localized tissue anemia due to obstructed arterial blood) develops, compromising the heart muscle and preventing it from functioning effectively.

Risk factors for CAD

- High laboratory rating of cholesterol and other lipids
- Hypertension
- Cigarette smoking
- Obesity
- Diet high in fats, salt, calories
- Diabetes mellitus
- Stressful lifestyle
- Stressful environment
- Sedentary life-style
- Hereditary predisposition

Angina pectoris

In angina pectoris, atherosclerosis of the coronary blood vessels reduces blood flow to part of the heart muscle. A spasm of one of the coronary arteries creates chest pain.

Signs and symptoms

- Sudden, severe pain possibly radiating to left jaw
- "Tightness" or discomfort in left part of chest down inner part of left arm
- Pallor, faintness, and/or perspiration
- Possible difficulty in breathing
- Inconsistent pain, frequently difficult for client to discriminate

A client suffering from angina pectoris will have little or no change in blood pressure or radial pulse volume. The radial pulse rate will remain within normal limits.

Treatment

Treatment requires treating the individual as a whole, rather than treating only the disease. The goals of treatment are to prevent another "heart attack" and to rehabilitate the client and assist with client's understanding of the condition.

- Place nitroglycerin tablet under client's tongue to relieve immediate attack
- Reduce client's fear; stay calm
- Encourage client to decrease frequency and severity of future attacks by managing causative factors:
    - Avoid exposure to extreme cold
    - Avoid use of stimulants such as coffee, tea, tobacco
    - Eat regular meals of moderate proportion
    - Reduce caloric intake if overweight
    - Plan regular exercise program to improve coronary circulation
    - Avoid emotional stress, excitement, or any activity that increases work load of heart or decreases blood supply to the heart muscle

Myocardial infarction

In **myocardial infarction**, the blood supply to the heart muscle is cut off when one or more coronary arteries or branches suddenly become blocked by a blood clot or sclerotic condition. That part of the heart supplied by the vessel is deprived of its blood supply and "dies" as a result. The affected area (an *infarct*) becomes soft and *necrotic*. It is gradually replaced by fibrous tissue.

Signs and symptoms

- Sudden, severe chest pain unrelieved by changes in activity, posture, or medication (such as nitroglycerin)
- Left-sided pain described as crushing, stabbing, or squeezing
- Pain radiating to neck, jaw, or arm
- Pain of greater severity, intensity, and time span than that of angina
- Indigestion and/or nausea

- Dyspnea
- Dizziness
- Shock symptoms
  - Perspiration
  - Pallor
  - Grey or ashen facial color
  - Cyanosis
  - Cold and clammy skin
  - Low blood pressure (hypotension)
  - Weak and irregular apical and radial pulse

Treatment

⚠ **DANGER:** If a client in your care appears to be suffering from a myocardial infarction, call for emergency help immediately. Be prepared to administer CPR.

The client who has experienced a myocardial infarction is often extremely frightened and anxious. The person may feel that death is close at hand all the time. These feelings are hard to forget, even after recovery, and often influence the client's response to life-style modifications. Your role in caring for a client who is recovering from a myocardial infarction includes the following:

- Help the client understand the condition.
  - Explain the extent of heart damage and the heart's ability to stand up to activity and stress.
  - Help the client understand the drug therapy program, drug types, dosages, and side effects.
  - Emphasize the importance of an exercise program and the extent of activity permitted for the client.
- Assist with dietary details.
- Help the client live a productive life within the limits of a damaged heart

OBJECTIVE 4

State the signs and symptoms of early and advanced congestive heart failure (CHF) and list ways to care for a client who experiences this disorder.

As a result of congestive heart failure (CHF), the heart is unable to pump blood normally. Blood does not circulate adequately through the cardiovascular system; the result is tissue congestion. Failure may be left-sided, right-sided, or both at the onset; but it ultimately affects both sides.

Signs and symptoms

- Early CHF
    - Shortness of breath on exertion such as climbing stairs
    - Slight hacking cough
    - Tendency to fatigue easily
    - Slight abdominal discomfort
    - Swelling of feet and ankles that subsides when person is supine at night
    - Short, "panting" type of breaths
- Advanced CHF
    - Foamy, blood-tinged sputum
    - Edema in face, neck, sacrum, and extremities
    - Pitting edema (an indentation remains in the skin for a measurable time after being pressed with a finger)
    - Cyanosis or severe pallor
    - Enlargement and tenderness of the liver
    - Decreased urinary output
    - Pulse abnormalities
    - Pain in chest and abdomen
    - Acute pulmonary edema with severe dyspnea, deep cyanosis, and persistent productive cough; occurs frequently with left-sided failure

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⚠ **DANGER:** If a client appears to be suffering from acute pulmonary edema, contact the physician immediately. Relieve dyspnea by elevating client's head and administering oxygen when possible.

Treatment

Clients are treated on an individual basis, according to physician's orders. The goals of treatment are to reduce oxygen requirements, to decrease edema, and to increase cardiac output.

When caring for a client with CHF, you should:

- Learn as much as you can about the extent of client's heart damage so that you can help the client and family understand the condition.

- Encourage **appropriate** activity; leading a relatively normal life helps many clients avoid serious complications such as venous stasis or embolism formation.

  NOTE: Remember that cardiac clients are frightened. Without encouragement and reassurance, these clients may literally immobilize themselves.

- Help client maintain bed rest in severe CHF:

  — Place client in Fowler's or semi-Fowler's position.
  — Provide skin care.

  NOTE: Good skin care is essential to provide stimulation and prevent breakdown. The skin cell, like any other cell, will die if it is not nourished.

  — Perform range-of-motion exercises, both active and passive.
  — Assist with self-care activities, transfers, and/or limited ambulation.
  — Maintain good body alignment for client.
  — Apply elastic stockings as indicated in the care plan to help blood return to the heart.

- Help client follow prescribed drug therapy:

  — Assess and record daily weight.
  — Assess and record intake and output.
  — Encourage client to observe sodium restrictions.

OBJECTIVE 5 **State the risk factors and signs and symptoms of generalized peripheral vascular impairment, and list ways to care for a client who experiences this disorder.**

Peripheral vascular impairment or disturbance refers to the common diseases or disorders of blood vessels outside the heart. The focus is on arterial and venous networks, as well as tissue trauma that develops when the vascular system is damaged.

At birth, a baby's arteries have a perfectly smooth internal lining, permitting a constant and efficient flow of blood through the heart and body organs. As a person ages, however, changes within the arterial network interfere with this normal blood flow. Blood vessels degenerate as a normal part of aging; therefore, the most commonly affected persons with peripheral vascular impairment are middle-aged or older. The disorder may also affect people who are immobilized over prolonged periods, for whatever reason. In addition, peripheral vascular disorders, particularly affecting the lower legs, occur frequently in clients who have heart disease, kidney disease, or diabetes mellitus.

The two main impairments affecting the arterial network are arteriosclerosis and atherosclerosis. In **arteriosclerosis**, the arteries lose their elasticity, making effective dilatation and constriction difficult. Known also as "hardening of the arteries," this disorder most commonly affects arteries of the brain and lower extremities.

Atherosclerosis is a form of arteriosclerosis. Plaque forms inside the artery's lining, roughening the otherwise smooth inner surface and leading to formation of blood clots within the vessel. This form of arteriosclerosis primarily affects the aorta and major branches of the cerebral and coronary arteries.

The main impairments affecting the venous network are phlebitis, thrombophlebitis, and varicose veins. **Phlebitis** is an inflammation of the wall of a vein. **Thrombophlebitis** has the same inflammation with the presence of a blood clot. **Varicose veins** are greatly and permanently dilated veins that have no blood circulating, most commonly found in the lower extremities.

Risk factors

- Diet high in calories, saturated fat, and cholesterol
- Obesity
- Lack of exercise and/or occupations that require long periods of sitting or that prevent periodic exercises of the extremities
- Prolonged exposure to the cold
- Smoking (studies show that nicotine makes the openings of blood vessels smaller)
- Constant daily stress and anxiety

Signs and symptoms

- Pain in leg muscles that is severe during walking but gradually subsides with rest or that is prolonged even after rest
- Coldness and paleness of extremities; paleness increases when leg is elevated above level of heart

- Bluish-red color of extremities after prolonged anoxia (lack of oxygen) or exposure to cold (arteries are permanently dilated and cannot constrict)
- Cyanosis (arterial damage reduces blood flow and oxygen distribution to tissue)
- Brittle nails, scaling skin on extremities (tissue malnutrition)
- Leg ulcers and infection (tissue malnutrition)
- Necrosis (death of tissue) after almost complete stoppage of blood flow

Care and treatment

The goals of treatment are to increase arterial blood flow to extremities and to increase venous return to the heart. Prevention is the most important contribution toward management of circulatory impairments. Treatment interventions are also applicable to prevention. The respite care provider's actions concern educating the client about self-care and assisting client as needed in those areas.

- Encourage the client to keep warm (causes vasodilatation):
  - Wear warm clothing such as loose woolens.
  - Take warm (but not hot) baths.
  - Drink warm beverages.
- Encourage the client to observe proper positioning:
  - Never cross legs at the knees.
  - For arterial problems, sit with both feet flat on the floor.
  - For arterial problems, lie with the head slightly elevated.
  - For venous problems, sit with legs frequently elevated above heart level.
  - For venous problems, avoid standing in one position for prolonged periods.
- Encourage client to perform frequent leg exercise:
  - Rotate foot at ankle.
  - Bend foot up and down.
  - Straighten leg at the knee.

- Encourage client to balance rest and exercise:

  NOTE: Pain is a good guide to therapeutic amounts of activity.

  — Take short walks followed by periods of rest.
  — Increase exercise program activity and duration gradually.

- Encourage client to take care of feet and prevent infection:

  — Check bath water temperature carefully before stepping into the tub.
  — Use moisturizing soap if possible.
  — Avoid vigorous toweling or rubbing.
  — Wash feet daily.
  — Dry between toes thoroughly.
  — Note any blistering or soreness of feet.
  — Wash foot covering daily to avoid fungal infections.
  — Alternate wearing a pair of shoes with at least one other pair, allowing shoes to dry and air thoroughly between wearings.
  — Select shoes with ample toe room and no tightness or areas that rub.
  — Do not scratch minor skin irritations

- Encourage client not to wear constricting apparel such as girdles or knee-high hose.

- Encourage client to avoid diets that contribute to obesity

ADDITIONAL TERMS ASSOCIATED WITH CARDIOVASCULAR CARE

- **acute** — pertaining to a disease or symptom of a disease that has an abrupt beginning, marked sharpness of intensity, and relatively short duration
- **apical** — pertaining to the uppermost point
- **chronic** — pertaining to a disease or symptom of a disease that develops slowly and persists for a long time, sometimes for the client's lifetime
- **ischemia** — decrease or temporary interruption of blood supply to an area
- **necrosis** — tissue death; may result from ischemia
- **necrotic** — pertaining to death of groups of cells in response to disease or injury
- **pallor** — unnatural paleness or absence of skin color
- **peripheral** — near the outside or surface of the body
- **plaque** — raised patch on a body part or organ
- **prognosis** — expected outcome of a disease or illness, or recovery from injury
- **sclerotic** — characterized by hardening of tissue
- **vasoconstriction** — narrowing of the opening inside any blood vessel
- **vasodilation** (vasodilitation) — a widening or distention of blood vessels, particularly arterioles

THE HEALTHY CARDIOVASCULAR SYSTEM

The terms *circulatory system* and *cardiovascular system* describe the same system. *Circulate* means to move something to one point and then back again to the place it started. The heart, a muscle, pumps blood from the heart to the lungs, all over the body, and then back to the heart again. *Cardio-* is a combining word form relating to the heart; *vascular* is a term relating to blood vessels. The two terms *circulatory system* and *cardiovascular system* are used interchangeably when describing the system that delivers blood throughout the body.

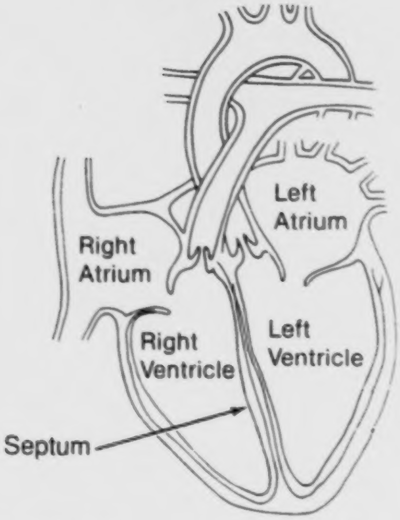
The cardiovascular system can be considered a simple closed network made up of a pump (the heart) and a series of connecting pipelines (blood vessels).

The heart is divided into four chambers:

- Right atrium — receives blood from body tissue
- Left atrium — receives blood from the lungs
- Right ventricle — Pumps blood to lungs
- Left ventricle — Pumps blood to all body parts

A solid muscle tissue separates the right and left sides of the heart. This tissue, the septum, prevents the flow of blood between right and left chambers (Figure 1).

FIGURE 1



Functions of blood

- Blood carries oxygen from the respiratory system to every cell of the body. Blood in arteries is rich in oxygen and bright red in color.
- Blood carries the waste products of metabolism, particularly carbon dioxide, back to the respiratory system for final elimination from the body. Venous blood has given up its oxygen and is returning to the heart with carbon dioxide and waste products, making it appear darker in color.

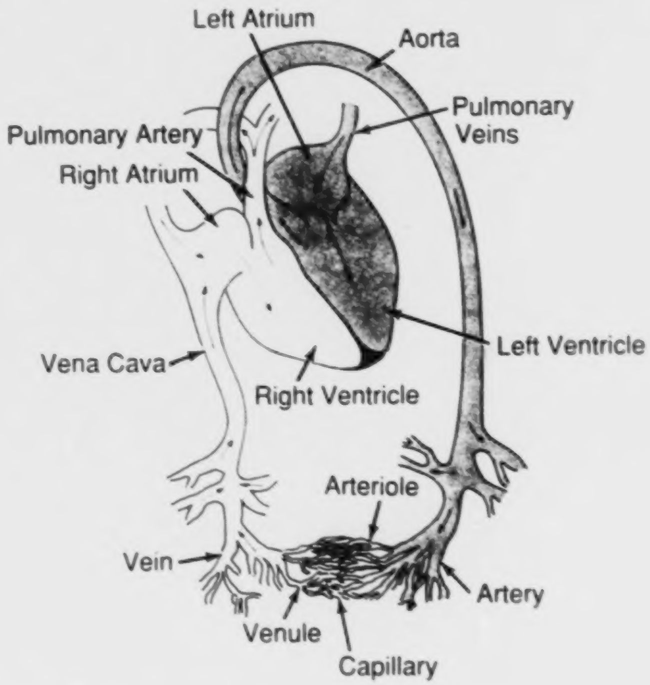
  The exchange of carbon dioxide for oxygen in the blood is accomplished by special circulation of the blood through the heart's chambers and the blood vessels between the heart and lungs. The flow of blood between heart and lungs is in the *pulmonary circulatory system*.
- Hormones and antibodies are distributed through the bloodstream.
- Blood assists in the control of body temperature.
- Blood maintains a stable chemical balance between cells and the environment.

Functions of blood vessels

- Aorta (largest artery) — carries blood directly away from the heart

- Arteries — carry blood away from the heart to the organs
- Arterioles — carry blood away from the heart
- Capillaries — (smallest blood vessels) pass oxygen and carbon dioxide to body cells
- Venules — return blood directly to the heart
- Veins — return blood to the heart
- Vena cavae (singular *vena cava*, largest veins) — return blood to the heart

FIGURE 2


Left Atrium
Aorta
Pulmonary Veins
Pulmonary Artery
Right Atrium
Left Ventricle
Vena Cava
Right Ventricle
Arteriole
Vein
Artery
Venule
Capillary

Blood flow

Blood leaves the heart from the left ventricle into the aorta, the largest artery in the body. The aorta branches off into many other arteries that deliver oxygenated blood to all parts of the body.

The smallest branch of an artery is called an arteriole.

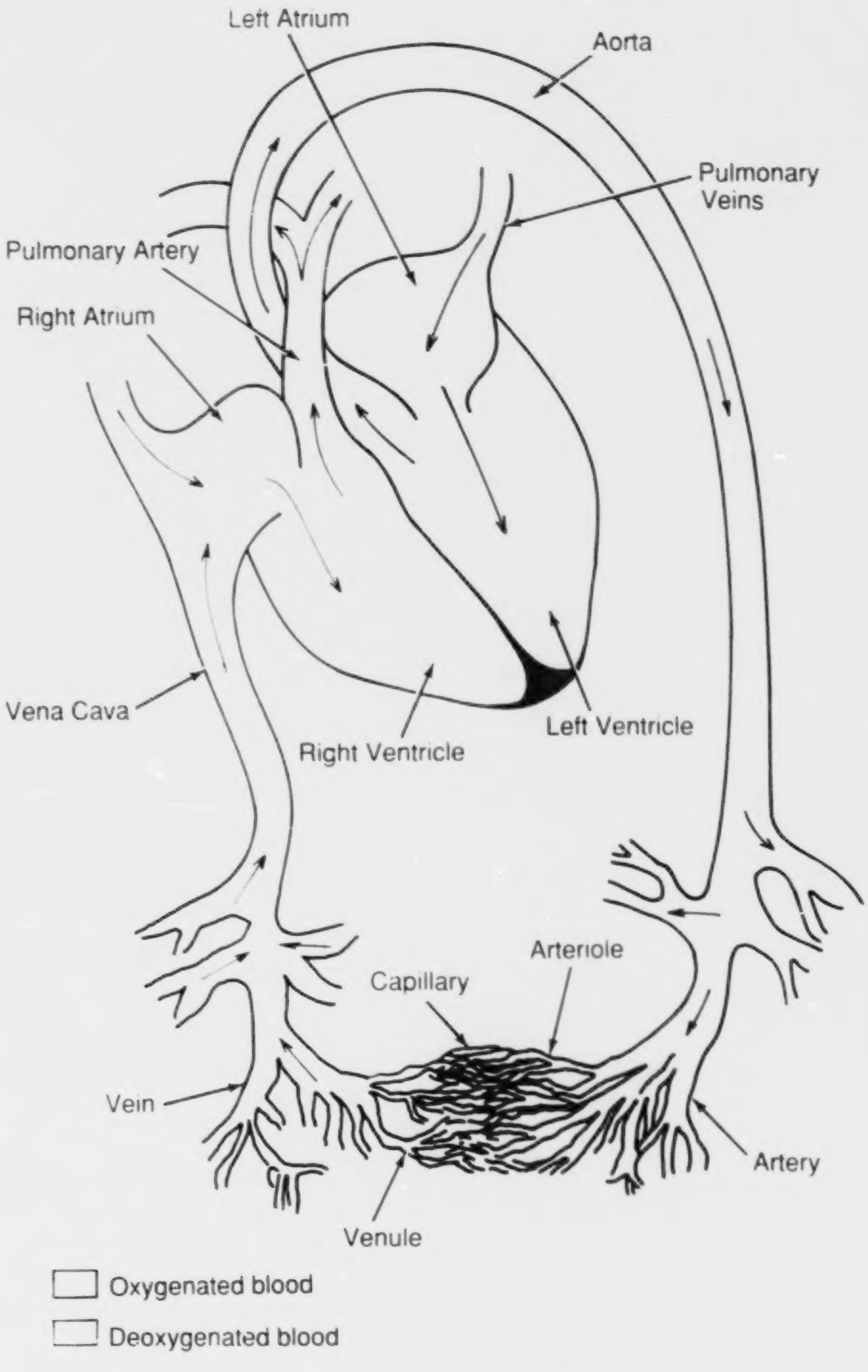
Arterioles connect with capillaries, a network of tiny vessels in body tissue through which the oxygen/carbon dioxide exchange takes place.

In a similar but reverse process, the capillary vessels connect with the smallest veins, venules, which unite to form larger veins. These veins empty into the vena cavae (superior and inferior). Blood from the vena cavae enters the heart through the right atrium.

A valve in the right side of the heart allows blood to flow from the right atrium into the right ventricle. Here blood enters the pulmonary circulatory system for reoxygenation. The heart pumps blood from the right ventricle into the pulmonary artery.

NOTE: Normally, arterial blood is bright red and rich in oxygen. Because the pulmonary artery carries unoxygenated blood to the lungs for reoxygenation, it is the only artery in the body to carry so-called "blue blood," or darker, unoxygenated blood.

Blood returns from the lungs through the pulmonary veins and enters the left atrium. A valve in the left side of the heart directs the reoxygenated blood into the left ventricle. At this point, blood is ready to repeat the process with each heartbeat.


Left Atrium
Aorta
Pulmonary Veins
Pulmonary Artery
Right Atrium
Vena Cava
Right Ventricle
Left Ventricle
Arteriole
Capillary
Vein
Artery
Venule
Oxygenated blood
Deoxygenated blood

OBJECTIVE 6

Apply antiembolism stockings.

INTRODUCTION

Persons with a heart disease, circulatory disorder, pregnancy, or a condition that requires bed rest are at risk of developing thrombi in veins of the legs. A thrombus that breaks away from the wall of the vein (called an embolus) and moves into the lungs can cause severe respiratory problems or death.

The pressure of an elastic stocking (antiembolism stocking) prevents thrombi from forming in the veins by providing firm support to soft tissue.

Guidelines

- Check that stockings are the correct size for client; more than providing mere comfort by being the correct size, the stockings must be the correct size to provide enough pressure at the correct spot and not restrict blood flow.
- Never put dirty stockings on a client.

  NOTE: Wash one pair of stockings while another pair is on the client.
- Apply elastic stockings before the client gets out of bed.
- Remove stockings at least twice a day. Other than these times, have client wear stockings day and night or acording to care plan.
- Use talcum powder on client's feet, ankles, and legs to make putting on the stockings easier after a bath.
- Turn stockings inside out before applying.

  NOTE: Most techniques for putting on regular stockings will not work because antiembolism stockings are extremely firm.
- Stretching the heel of the stocking slightly makes it easier to put on.
- Do not leave any wrinkles in the applied stocking.

Functional Writing Skills
- Complete forms & records

Functional Math Skills
- Make measurements

Cognitive Activities Skills
- Collect/record information
- Create a finished product
- Evaluate results/outcomes

Job Acquisition/Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

BEST COPY AVAILABLE

- Do not pull or stretch the stocking too tightly. It will interfere with the client's circulation.
- Put the smooth side of the stocking next to client's skin, leaving the rough side on the outside.
- Do not turn down the top of stocking. The added constriction would restrict the blood flow.
- Provide good care to the skin under the stocking to maintain skin integrity.
- Check client's legs periodically for signs such as swelling or change in skin color or temperature that might indicate circulatory impairment.

EQUIPMENT AND SUPPLIES

- Antiembolism stockings
- Talcum powder
- Tape measure
- Sizing guide from manufacturer

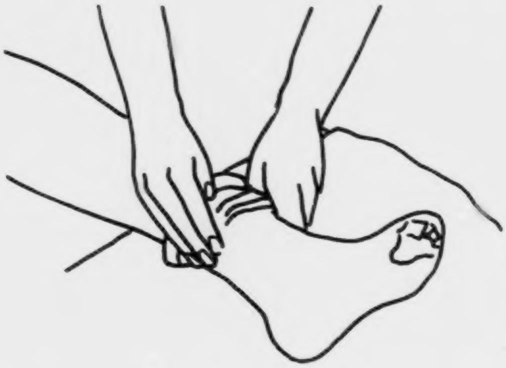
PROCEDURE

1. Wash hands.
2. Take equipment to client's bedside.
3. Explain procedure to client.
4. Measure client's leg according to stocking manufacturer's directions.
5. Check that stockings are correct size according to manufacturer's sizing guide.
6. Uncover client's legs.
7. Provide skin care as needed.
8. Smooth talcum powder over client's feet, ankles, and legs if desired.
9. Turn stockings inside out.
    a. Slip one hand inside a stocking to grasp the toe.
    b. Still holding the stocking toe with one hand, use your other hand to grasp the top of the stocking and pull it almost completely down over the hand holding the toe.

NOTE: Except for the toe, the smooth side will now be on the outside. When you apply the stocking, the smooth side will be against the client's skin.

10. Stretch heel of stocking slightly.
11. Slip toe of stocking over client's toes.
12. Ease heel of stocking over client's heel.
13. Smooth stocking over foot.
14. Gather the rest of the stocking in your hands (Figure 3).

FIGURE 3



15. Ease stocking up over client's leg, smoothing it as you go.
16. Repeat steps 9 - 15 for other leg.
17. Provide for client's comfort.
18. Wash hands.
19. Document procedure.
20. Wash worn pair of stockings.
21. Put away equipment and supplies.
22. Check client's legs periodically for signs of circulatory impairment.

PRACTICAL TEST 1

ASSISTING WITH CARDIOVASCULAR CARE

IV

JOB SHEET

Apply antiembolism stockings.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

Did the student:	Yes	No
1. Wash hands.	___	___
2. Take equipment to client's bedside.	___	___
3. Explain procedure to client.	___	___
4. Measure client's leg according to stocking manufacturer's directions.	___	___
5. Check that stockings were correct size according to manufacturer's sizing guide.	___	___
6. Uncover client's legs.	___	___
7. Provide skin care as needed.	___	___
8. Smooth talcum powder over client's feet, ankles, and legs if desired.	___	___

9. Turn stockings inside out. ___ ___

   a. Slip one hand inside a stocking to grasp the toe. ___ ___

   b. Still holding the stocking toe with one hand, use other hand to grasp the top of the stocking and pull it almost completely down over the hand holding the toe. ___ ___

10. Stretch heel of stocking slightly. ___ ___

11. Slip toe of stocking over client's toes. ___ ___

12. Ease heel of stocking over client's heel. ___ ___

13. Smooth stocking over foot. ___ ___

14. Gather the rest of the stocking in your hands. ___ ___

15. Ease stocking up over client's leg, smoothing it as you go. ___ ___

16. Repeat steps 9 - 15 for other leg. ___ ___

17. Provide for client's comfort. ___ ___

18. Wash hands. ___ ___

19. Document procedure. ___ ___

20. Wash worn pair of stockings. ___ ___

21. Put away equipment and supplies. ___ ___

22. Check client's legs periodically for signs of circulatory impairment. ___ ___

EVALUATOR'S COMMENTS ____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Provided skin care	4	3	2	1
Kept smooth side of stocking next to client's skin	4	3	2	1
Checked for signs of circulatory impairment	4	3	2	1
Kept stocking smooth and free of wrinkles	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

WRITTEN TEST

ASSISTING WITH CARDIOVASCULAR CARE

IV

OBJECTIVE 1

Match terms associated with cardiovascular functions to their correct definitions. Write the correct letters in the blanks.

____ 1. membranous fold in passageway of heart that prevents return of blood passing through it

____ 2. shortness of breath

____ 3. abnormal accumulation of fluid in tissue spaces between coverings of certain organs and in body cavities or joint capsules

____ 4. blood vessel that carries blood from the heart

____ 5. "floating" blood clot

____ 6. blood vessel that carries blood to the heart

____ 7. small vein

____ 8. blood clot that is attached to the wall of a blood vessel

____ 9. pertaining to the heart

____ 10. one of two upper chambers or compartments of the heart

____ 11. minute blood vessel that connects arterioles and venules

____ 12. blood vessel that carries oxygenated blood from left ventricle to rest of body

a. aorta
b. arteriole
c. artery
d. atrium
e. capillary
f. cardiac/coronary
g. cyanosis
h. dyspnea
i. edema
j. embolus
k. pulmonary artery
l. thrombus
m. valve
n. vein
o. ventricle
p. venule

____ 13. slightly blue tint to skin caused by lack of oxygen in the blood

____ 14. small artery

____ 15. one of two lower pumping chambers of heart

____ 16. blood vessel that carries blood from right ventricle to the lungs

OBJECTIVE 2 **State the signs and symptoms of hypertension and list guidelines for the care of a client who experiences hypertension.**

1. State eight signs or symptoms of hypertension.

____

____

____

____

____

____

____

____

2. State your two roles in a client's treatment for hypertension.

____

____

OBJECTIVE 3

State the risk factors and signs and symptoms of coronary artery disease (CAD) and list ways to care for a client who experiences angina pectoris or myocardial infarction.

1. State ten risk factors for CAD

____

____

____

____

____

____

____

____

____

____

2. State five signs or symptoms of angina pectoris.

____

____

____

____

____

3. List three things that you can do to provide care for a client suffering from angina pectoris.

____

____

____

4. State eight signs or symptoms that would indicate your client is suffering from myocardial infarction.

5. Discuss three ways you can help care for the client who is recovering from a myocardial infarction.

OBJECTIVE 4

State the signs and symptoms of early and advanced congestive heart failure (CHF) and list ways to care for a client who experiences this disorder.

1. State six signs or symptoms of early congestive heart failure.

2. State nine signs or symptoms of advanced congestive heart failure.

____

____

____

____

____

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____

3. List four ways you can provide care for the client who is suffering from congestive heart failure.

____

____

____

____

____

____

OBJECTIVE 5 **State the risk factors and signs and symptoms of generalized peripheral vascular impairment and list ways to care for a client who experiences this disorder.**

1. State six risk factors that contribute to peripheral vascular impairment.

____

____

____

____

____

____

2. List seven signs or symptoms that a client may have peripheral vascular impairment.

____

____

____

____

____

____

____

3. List seven treatment interventions that you would use to help care for your client with peripheral vascular impairment.

ASSISTING WITH CARDIOVASCULAR CARE

OBJECTIVE 1

1.	m	6.	n	11.	e	16.	k
2.	h	7.	p	12.	a		
3.	i	8.	l	13.	g		
4.	c	9.	f	14.	b		
5.	j	10.	d	15.	o		

OBJECTIVE 2

1.
- Severe headache, associated with nausea and vomiting
- Fatigue
- Difficulty breathing on exertion
- Deteriorating vision
- Kidney disorders
- Anginal pain
- Drowsiness and mental impairment
- Edema of the extremities

2.
- Encourage client to reduce stress.
  - Moderate all activities of daily living.
  - Balance activity (particularly work) and relaxation.
  - Avoid tension-producing situations.
- Encourage client to take prescribed blood pressure medication according to the physician's directions.
  - Take only the prescribed amount, never more or less. Do not change your dosage without talking to your physician.
  - Take the prescribed dose at the correct time; never skip a dose and then attempt to "catch up" by taking it more frequently.
  - Report any side effects or unusual feelings to the physician.

- **Never** stop taking your medication unless your physician tells you to. Stopping the medication could result in severe episodes of hypertension.
- Keep scheduled office visits with your physician to monitor the effects of the medication.

OBJECTIVE 3

1.
   - High laboratory rating of cholesterol and other lipids
   - Hypertension
   - Cigarette smoking
   - Obesity
   - Diet high in fats, salt, calories
   - Diabetes mellitus
   - Stressful lifestyle
   - Stressful environment
   - Sedentary life-style
   - Hereditary predisposition

2.
   - Sudden, severe pain possibly radiating to left jaw and/or down inner part of left arm
   - "Tightness" or discomfort in left part of chest
   - Pallor, faintness, and/or perspiration
   - Possible difficulty in breathing
   - Inconsistent pain, frequently difficult for client to discriminate

3.
   - Place nitroglycerin tablet under client's tongue to relieve immediate attack.
   - Reduce client's fear; stay calm.

- Encourage client to decrease frequency and severity of future attacks by managing causative factors.

  — Avoid exposure to extreme cold.
  — Avoid use of stimulants such as coffee, tea, tobacco.
  — Eat regular, moderately sized meals.
  — If you are overweight, reduce your caloric intake.
  — Exercise regularly (under your doctor's supervision) to improve circulation.
  — Avoid emotional stress, excitement, or any activity that increases the work load of the heart or decreases blood supply to the heart muscle.

4.

- Sudden, severe chest pain unrelieved by changes in activity, posture, or medication (such as nitroglycerin)
- Left-sided pain described as crushing, stabbing, or squeezing
- Pain radiating to neck, jaw, or arm
- Pain of greater severity, intensity, and time span than that of angina
- Indigestion, nausea
- Dyspnea
- Dizziness
- Shock symptoms: perspiration, pallor, grey or ashen facial color, cyanosis, cold and clammy skin, low blood pressure (hypotension), weak and irregular apical and radial pulse

5.

- Help client understand condition:

  — Explain the extent of heart damage and the heart's ability to stand up to activity and stress
  — Help the client understand the drug therapy program, drug types, dosages, and side effects.
  — Emphasize the importance of an exercise program and the extent of activity permitted for the client.

- Assist with dietary details
- Assist client to live a productive life within the limits of a damaged heart

OBJECTIVE 4

1.
   - Shortness of breath on exertion such as climbing stairs
   - Slight cough of the "hacking" type
   - Tendency to fatigue easily
   - Slight abdominal discomfort
   - Swelling of feet and ankles that subsides when person is supine at night
   - Short, "panting" type of breaths
2.
   - Foamy, blood-tinged sputum
   - Edema in face, neck, sacrum, and extremities
   - Pitting edema (an indentation remains in the skin for a measurable time after being pressed with a finger)
   - Cyanosis or severe pallor
   - Enlargement and tenderness of the liver
   - Decreased urinary output
   - Pulse abnormalities
   - Pain in chest and abdomen
   - Acute pulmonary edema with severe dyspnea, deep cyanosis, and persistent productive cough; occurs frequently with left-sided failure
3.
   - Learn as much as you can about the extent of client's heart damage so that you can help the client and family understand the condition
   - Encourage appropriate activity; leading a relatively normal life helps many clients avoid serious complications such as venous stasis or embolism formation

- Help client maintain bed rest in severe CHF:
  - — Place client in Fowler's or semi-Fowler's position.
  - — Provide skin care.
  - — Perform range-of-motion exercises, both active and passive
  - — Assist with self-care activities, transfers, and/or limited ambulation
  - — Maintain good body alignment for client
  - — Apply elastic stockings as indicated in the care plan to assist in return blood flow to heart

- Help client follow prescribed drug therapy:
  - — Assess and record daily weight
  - — Assess and record intake and output
  - — Encourage client to observe sodium restrictions

OBJECTIVE 5

1. - Diet high in calories, saturated fat, and cholesterol
   - Obesity
   - Lack of exercise and/or occupations that require long periods of sitting or that prevent periodic exercises of the extremities
   - Prolonged exposure to the cold
   - Smoking
   - Constant daily stress and anxiety

2. - Pain in leg muscles that is severe during walking but gradually subsides with rest or that is prolonged even after rest
   - Coldness and paleness of extremities; paleness increases when leg is elevated above level of heart
   - Bluish-red color of extremities after prolonged anoxia or exposure to cold
   - Cyanosis
   - Brittle nails, scaling skin on extremities (tissue malnutrition)
   - Leg ulcers and infection (tissue malnutrition)
   - Necrosis after almost complete stoppage of blood flow

3. - Encourage client to keep warm:

    - Wear warm clothing such as loose woolens.
    - Take warm (but not hot) baths.
    - Drink warm beverages.

- Encourage client to observe proper positioning:

    - Never cross legs at the knees.
    - For arterial problems, sit with both feet flat on floor.
    - For arterial problems, lie with the head slightly elevated.
    - For venous problems, sit with legs frequently elevated above heart level.
    - For venous problems, avoid standing in one position for prolonged periods.

- Encourage client to perform frequent leg exercise:

    - Rotate foot at ankle.
    - Bend foot up and down.
    - Straighten leg at the knee.

- Encourage client to balance rest and exercise:

    - Take short walks followed by periods of rest.
    - Increase exercise program activity and duration gradually.

- Encourage client to take care of feet and prevent infection:

    - Check bath water temperature carefully before stepping into the tub.
    - Use moisturizing soap if possible.
    - Avoid vigorous toweling or rubbing.
    - Wash feet daily.
    - Dry between toes thoroughly.
    - Note any blistering or soreness of feet.
    - Wash foot covering daily to avoid fungal infections.
    - Alternate wearing a pair of shoes with at least one other pair, allowing shoes to dry and air thoroughly between wearings.
    - Select shoes with ample toe room and no tightness or areas that rub.
    - Do not scratch minor skin irritations.

- Encourage client not to wear constricting apparel such as girdles or knee-high hose.

- Encourage client to avoid diets that contribute to obesity.

OBJECTIVE SHEET

ASSISTING WITH NEUROLOGIC CARE

V

INTRODUCTION

An understanding of the incredible body function known as the nervous system is essential to appreciating the effects of disease on that system. The nervous system consists of the brain, spinal cord, and nerves.

This nervous system is similar to a giant communication network. The *spinal cord* receives messages from all over the body and sends these to a multifunction console, the *brain*. The brain interprets the messages and sends responses to the appropriate destinations through specialized channels, bundles of fibers called *nerves*.

To provide competent respite care for clients with neurologic disorders, you must follow care plans that address your clients' specific neurologic dysfunctions.

PREREQUISITES

Basic Respite Care and the units "Providing Care for Medically Challenged Clients" and "Assisting with Cardiovascular Care" in *Advanced Respite Care: Medically Challenged.*

UNIT OBJECTIVE

After completing this unit, you will be able to care for a client with a seizure disorder or a neurologic shunt. You will demonstrate these competencies by completing the assignment sheet and written test with a minimum of 85 percent accuracy.

SPECIFIC OBJECTIVES

After completing this unit, you will be able to:

1. Match terms associated with neurologic dysfunctions to their correct definitions.
2. State the purpose of a ventricular shunt.
3. Name two possible complications of a shunt.
4. State appropriate actions in the care of a client who has a shunt. (Student Supplement 1)
5. Describe types of seizures. (Student Supplement 2)
6. List responsibilities of the respite care provider immediately before, during, and after a client's seizure.

7. State observations you should make regarding a client's seizure.

8. Apply knowledge about assisting a client during a seizure. (Assignment Sheet)

9. Measure the occipitofrontal circumference of a client's head. (Job Sheet)

SUGGESTED ACTIVITIES

ASSISTING WITH NEUROLOGIC CARE V

PREPARATION

- Obtain materials to supplement unit and equipment needed to demonstrate procedures.

  NOTE: See Suggested Resources

- Review instructional outline for this unit. Modify time frames to suit class needs and plan activities for each class period.
- Put up posters, charts, and other visual aids that relate to neurologic care.

DELIVERY

Objective 1: Match terms associated with neurologic dysfunctions to their correct definitions.

- Point out to students that cerebrospinal fluid (CSF), which circulates around the brain and spinal cord, is constantly produced and absorbed to maintain a consistent volume and pressure. In a hydrocephalic client, the balance of production and absorption is disturbed. This can be congenital or can be caused by trauma.
- Explain that the ventricles, cavities in the brain, hold CSF. Excess CSF accumulation in the brain causes these ventricles to expand, resulting in increased intracranial pressure which pushes brain tissue against the skull.

Objective 4: State appropriate actions in the care of a client who has a shunt.

- Have students read Student Supplement 1. Although this information is not on the test, point out that students may have to perform this procedure on a client if directed by a physician.
- Remind students that although many hydrocephalic clients are infants, their clients may also be adults who suffer from increased ICP due to an accident or a tumor.

Objective 5: Describe types of seizures.

- Discuss *idiopathic epilepsy* and the differences between epilepsy and seizures caused by factors that can be easily identified, such as trauma or infection.
- Point out that a client with idiopathic epilepsy has a lowered seizure threshold. Factors such as flashing lights, loud noises, particular odors, fatigue, and fright may have little or

no effect on the students, but they can precipitate a seizure in a susceptible client.

- Have students read Student Supplement 2. Although this information is not on the test, point out that students who will care for a client with epilepsy should have an understanding of this disorder.

Objective 6: List responsibilities of the respite care provider immediately before, during, and after a client's seizure.

- Stress the importance of maintaining the ABCs in a client (airway, breathing, circulation.)

Objective 8: Apply knowledge about assisting a client during a seizure.

- Have students complete Assignment Sheet.

APPLICATION

Objective 9: Measure the occipitofrontal circumference of a client's head.

- Discuss and demonstrate procedure.
- Have students practice procedure using the Job Sheet.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify material in unit or create supplementary materials for individual students as required.

Practical Test

- Evaluate students on Job Sheet activities if not previously done.
- Give Practical Test.
- Evaluate student performance of procedures.
- Complete appropriate section of competency profiles.
- Reteach and retest if necessary.

- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked on the written test to demonstrate actions listed in the specific objectives.
- Evaluate students on Assignment Sheet activity if not previously done.
- Give Written Test

  NOTE: The Written Test may be given in sections if desired.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Human Resources

- Epilepsy Foundation of America, 4351 Garden City Drive, Landover, Maryland 20785, (800) 332-1000.

UNIT REFERENCES

- Brunner, Lillian Sholtis, and Doris Smith Suddarth. *Textbook of Medical-Surgical Nursing,* 6th ed., Philadelphia: J.B. Lippincott Company, 1988.
- *Nurses Clinical Library: Neurologic Disorders*, Springhouse, Pennsylvania: Nursing82 Books Intermed Communications, 1982.
- *Nursing Photobook: Coping With Neurological Disorders*, Springhouse, Pennsylvania: Nursing82 Books Intermed Communications, 1982.
- Woodward, E. "The Total Patient Implication for Nursing Care of the Epileptic, *Journal Neurosurgical Nurse*, August 1982.

OBJECTIVE 1

Match terms associated with neurologic dysfunctions to their correct definitions.

- **aura** — sensation that usually precedes a seizure

  NOTE: One person's aura may be very different from another's. Check your client's care plan or ask what the client's particular aura is. By careful observation of the client, you may be able to identify an aura that signals an oncoming seizure.

  EXAMPLES:

  - Auditory (unusual sound, tinkling, bells)
  - Visual (bright lights flashing)
  - Olfactory (unrecognizable smell in immediate environment)
  - Taste (unusual, metallic taste in the mouth)
  - Mood or behavioral change (irritability, a cry or scream just before seizure)

- **cerebrospinal fluid (CSF)** — clear, watery, odorless liquid that flows around the brain and spinal cord to protect them from injury

- **intracranial pressure (ICP)** — pressure exerted against the skull by brain tissue, blood, and CSF

- **lethargic** — condition of being sluggish, tired, apathetic

- **level of consciousness** — state of a person's orientation and reaction to the environment

- **nerve** — bundle of fibers that connect the brain and spinal cord to the body

- **neuron** — basic nerve cell of the nervous system

- **peritoneal cavity** — region containing all the abdominal organs except the kidneys

- **seizure** — sudden, involuntary contraction of a group of muscles

- **shunt** — tube implanted in the body to redirect fluid from one area to another
- **ventricle** — small cavity in the brain, filled with cerebrospinal fluid

OBJECTIVE 2 **State the purpose of a ventricular shunt.**

Cerebrospinal fluid (CSF) flows around the brain and spinal cord to protect them from injury. A brain tumor, infection, hemorrhage, or other blockage may interfere in the normal flow or absorption of this fluid and cause it to collect in the ventricles of the brain. This condition is known as *hydrocephalus*, which means "water on the brain."

As the amount of cerebrospinal fluid increases in an infant's ventricles, the head size grows larger, the fontanels bulge, the scalp skin becomes thin and shiny, and the brain tissue compresses against the skull. The head enlarges because the skull bones are still soft and can expand in an infant. Fontanels are closed in an older child or adult. In the adult, after bones have formed, symptoms include blurred vision, loss of balance, confusion, paralysis, and coma.

Treatment of hydrocephalus is surgical implantation of a shunt. The shunt drains CSF from the brain to either the atrium of the heart or the peritoneal cavity, where the fluid can be absorbed.

Shunts are plastic tubes with one-way valves (Figure 1). Valves (Figure 2) open when pressure from excess fluid accumulates and close when excess fluid finishes draining. These valves can be pumped if the tubing becomes blocked or drainage becomes sluggish.

FIGURE 1

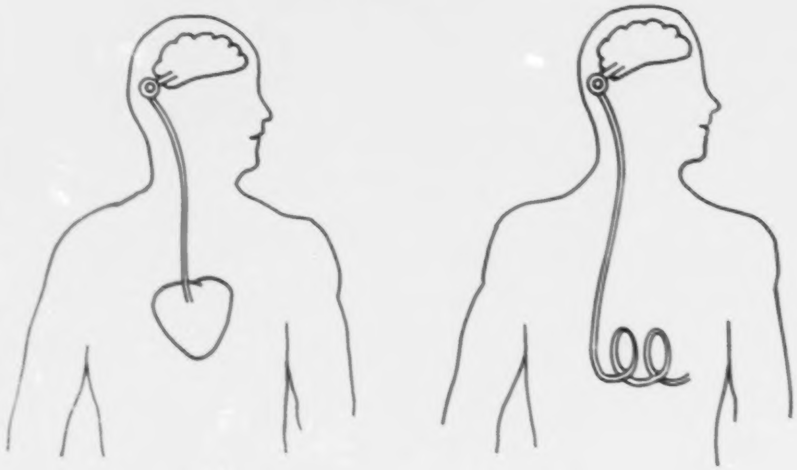
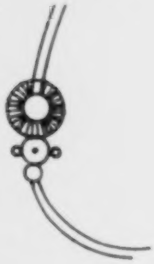


FIGURE 2



OBJECTIVE 3

Name two possible complications of a shunt.

Complications arising from the placement of a shunt to correct hydrocephalus fall into two categories: mechanical malfunction and bacterial infection.

Increased ICP due to mechanical malfunction of the shunt and/or valve

- If a kink develops in the shunt, it will have to be replaced.
- If the shunt has disconnected internally from its point of insertion, it will have to be reinserted surgically.
- If the shunt is plugged with fibrous material (blood clots), the physician may irrigate the shunt to remove the blockage.
- If a child has outgrown the length of the shunt, it will have to be replaced with a longer one.

⚠ **DANGER:** Increased ICP is a serious condition that can cause brain damage or death. Contact the client's physician immediately if you notice signs of an increase in ICP.

Signs of increased ICP

An increase in ICP may be rapid or gradual.

- Headache
- Vomiting
- Irritability and restlessness
- Bulging fontanels (infant)
- Decreased levels of consciousness

- High-pitched, shrill cry

- Seizures

- Gradual increase in circumference of head (infant)

- Blurred or double vision

- Confusion

Bacterial infections focused at the shunt and/or valve

Infection of the nervous system can be life threatening. The infection may be localized around the surgical area used for inserting the shunt; or the infection may be generalized, diffused through the central nervous system and other areas of the body.

- If an infection is present, the physician will order massive dosages of antibiotics, increased volume of fluids, measuring of urine output, and rest.

- If infections persist, the shunt may have to be removed.

Signs of infection

Observe the client regularly for signs of infection:

- Fever
- Purulent drainage or redness around site of shunt insertion
- Lethargy or decreased responsiveness
- Vomiting, decreased feedings, or refusal to eat
- Seizure activity
- Rapid pulse

OBJECTIVE 4 **State appropriate actions in the care of a client who has a shunt.**

Providing care for a client with a shunt can be very challenging. The focus of the care is on meeting the client's need for comfort and basic physical care, maintaining nutrition and hydration, preventing infection, and addressing the emotional needs of the family. Use these guidelines when caring for a client with a shunt.

Positioning

- Support client's head and neck.

  NOTE: Do not be afraid to hold, move, or cuddle a client with a shunt. Proper support of the head and neck will provide comfort and prevent trauma.

- Change client's position frequently, at least every two hours, to prevent pressure sores.
- Place client in a semi-sitting position for feeding, with the head and neck well supported.
- Place client on his or her side with head elevated after feedings to prevent aspiration if client vomits.

Skin

- Use soft fabric (called lamb's wool) against client's skin or an air mattress, water bed, or gel-filled mattress for added protection in preventing pressure sores.
- Support client's head and neck with pillows to prevent pressure sores on the head.
- Massage client's skin with lotion to increase circulation and prevent excessive dryness and cracking.
- Keep the skin dry.
- Wash a child's genital area with soap and warm water each time the child urinates or has a bowel movement; keep the diaper or underwear clean and dry.
- Keep the area around the shunt insertion site clean and dry.

Infection prevention

- Wash your hands frequently and encourage family members to do the same before and after handling the client, especially before preparing any feedings and after every diaper change.

  NOTE: Frequent, proper hand washing is the single most important process in preventing the spread of infection.

- Do not administer care to a client if you have a cold, flu, or infection. Make arrangements to stay home until you are well.

Nutrition

- Complete all physical care before the feedings so the client will be able to relax after meals.
- Be patient when feeding infants with hydrocephalus; they frequently have a very weak ability to suck and often must have tube feedings.

- Modify feeding times as needed to include frequent feedings in small amounts.
- Schedule time to offer extra liquid — water, juice, and other fluids — allowed by the physician to maintain proper hydration.

Exercise

- Give passive range-of-motion exercises at frequent periods during the day to prevent contractures.

Measurement

- Measure the client's occipitofrontal circumference (OFC), the largest measurement of the skull from a point above the eyebrows around the occipital protuberance, at the same time each day with a centimeter measure.

Family involvement

- Share as much information as you know regarding the client's care.
- Encourage client's family members to participate at all times.
- Ask family members for their opinions and suggestions.
- Answer family members' questions accurately and honestly.
- Discuss with the family available resources — such as community agencies, social workers, support groups, parent groups, and specialty schools — concerning the client's condition.
- Maintain good communication with client's family.
- Be kind and supportive to client and family.

OBJECTIVE 5

Describe types of seizures.

Approximately 2 to 4 million Americans have a seizure disorder. Seizures can occur at any age and may range from nothing more than a blank stare to prolonged, convulsive movements. A mild attack may last only a few seconds and may not even be noticed. Major signs of a serious epileptic seizure, however, are convulsions and loss of consciousness.

Seizures are believed to be caused by an abrupt, abnormal electrical firing of nerve cells in one section of the brain that may spread rapidly to other nerve cells. A small portion of the brain or the entire brain may be involved. This firing of neurons begins and ends suddenly.

Identified causes of seizures include birth injury, head trauma (blunt trauma or penetrating trauma), brain tumor, ingestion of toxic substances (such as drugs, food, alcohol, carbon monoxide), infection (such as meningitis, measles, mumps, syphilis, influenza), or cerebrovascular accident (stroke). Seizures have nothing to do with a person's intelligence. A seizure does not lower the I.Q., nor does it promote mental illness or mental retardation.

There are two major types of seizures: partial and generalized.

Partial seizures

- Simple partial seizure
  - Begins in a *focal area*, such as the hand.
  - Usually consists of slow convulsions that increase in intensity and last from a few seconds to several minutes.
  - Loss of consciousness may or may not occur.
  - The affected body part may become temporarily paralyzed for a few minutes or up to 24 hours.
  - A **focal motor seizure** is confined to the focal area.
  - In a **Jacksonian seizure**, the convulsions will "march," or spread to other areas of the body.
- Complex partial seizure
  - Client may remain motionless or move about automatically but inappropriately.
  - Client may exhibit manifestations including chewing, lip smacking, staring, grimacing, and picking or patting with the hands.
  - Outbursts of fear, rage, or violence may occur.
  - Client will not lose consciousness, but may experience post-seizure confusion and will not remember the events of the seizure.

Generalized seizures

- Grand mal seizure (or *tonic-clonic seizure*)
  - Occurs in people of all ages
  - Involves both sides of the body. The body becomes rigid, then begins jerky movements caused by muscle contractions and relaxations.
  - Client frequently cries out at beginning of seizure, chews on tongue, is incontinent of stool and urine, and salivates heavily, producing a "foaming" at the mouth.
  - Client loses consciousness.
  - After a generalized grand mal seizure the person is confused, experiences a headache and sore muscles, and may sleep for hours.
- Petit mal seizure (or *absence seizure*)
  - Usually occurs in children between the ages of 4 and 12, and disappears by age 20.
  - Seizure begins with a blank facial expression, and all motor activity stops.
  - There is a sudden, momentary loss of consciousness and slight movement (twitching) of the face and neck.
  - Rapid return to consciousness (client may be unaware that the seizure occurred).
  - These seizures may occur many times a day, all without any warning.

OBJECTIVE 6

List responsibilities of the respite care provider immediately before, during, and after a client's seizure.

The respite care provider assumes a serious responsibility during the time a client is experiencing a seizure. Your primary goals are to maintain the client's airway and prevent injury to the client. To accomplish these goals, there are steps you must take before (if possible), during, and after the client's seizure.

Before the seizure

- Recognize warning signs of seizure. Look for signs such as:
    - The client's particular aura
    - Abrupt change in consciousness or responsiveness, including inappropriate responses
    - Alteration in the client's perception of the environment
    - Rigidity or loss of muscle control

- Prepare the client for the seizure.
    - Remove food, gum, and/or dentures if at all possible
    - Assist client to a position lying down in a safe environment—do not let the client fall
    - Remove dangerous objects from the area, such as breakables or sharp objects

During the seizure

- Maintain the client's airway and breathing.

WARNING: Do not force objects such as a tongue blade or bite block into the client's mouth. These objects may occlude the airway or cause vomiting. Never put your hand or fingers in the mouth of a person having a seizure.

-
    - Loosen client's clothing, especially around the neck
    - Turn client's head to one side and support it with soft pillows to prevent saliva from running down the throat into the trachea
    - Provide oxygen if it is available

- Protect the client from injury.

WARNING: Never try to stop or restrain the client. The force of the contractions could break the client's bones if they are restrained.

-
    - Move furniture or other items away from the client, if possible

- Call for emergency help if necessary.

  - If the client does not start breathing after the seizure (begin mouth-to-mouth resuscitation and alert emergency personnel)
  - If the client is injured
  - If the seizure lasts longer than five minutes
  - If the client has one seizure immediately after another

⚠ **DANGER:** *Status epilepticus* (prolonged or continuous seizures) can cause brain damage or death. If your client's seizure lasts longer than five minutes or if the client has one seizure right after another, call for emergency help immediately.

After the seizure

- Provide care for the client.

  - Position the client on one side, using pillows for support, to allow saliva or vomitus to drain

  - Provide necessary hygiene care if client was incontinent

  - Provide reassurance and reorientation to the client

  - Allow the client to sleep, a common aftermath, following the seizure

---

⚠ **CAUTION:** Sleep is reduced consciousness, easily responsive to sensory stimuli. If the client appears to be *unconscious* (unaware of surroundings, does not respond to pain, touch, heat, cold, etc.) notify the physician.

- Document the seizure.

- Do not offer food or drink until the client is fully awake.

OBJECTIVE 7

State observations you should make regarding a client's seizure.

Accurate descriptions of the client just before the onset of a seizure, during the seizure itself, and after the seizure may help the health care team make decisions about the client's diagnosis and therapy. If you are able to describe the seizure and identify events that happened before the seizure, you may be able to help the client make lifestyle changes to prevent future seizures.

Seizure disorders often affect every aspect of a person's life. Your assessment of the client's lifestyle regarding school, work, family, and social interactions can be important to the client's therapy. You should note any major changes in the client's lifestyle, especially in these areas:

- Drug regimen

  EXAMPLES: Compliance, change made by physician, change determined by client

- Fatigue

  EXAMPLES: Lack of sleep, increase in activity

- Emotional stress

  EXAMPLES: Divorce in family, family relocation, death of friend/relative, scholastic achievement/failure, romance

- Illness

  EXAMPLES: Fever, infection, nausea/vomiting, constipation/diarrhea, diabetes (nonregulated), cold/flu

- Physical injury

  EXAMPLES: Broken bone, stroke, surgery

Analysis of seizure activity

An ongoing assessment of your client's seizure activity may help the client avoid increased seizure activity or avert a more serious complication. The form presented on the next page addresses the major activities of a seizure. Modify it to make it client-specific.

NOTE: Record your analysis of each seizure activity, no matter how frequently seizures occur.

SEIZURE ANALYSIS CHART			
Date			
Time			
Seizure length			
Warning signs			
Partial or general			
Type of movement			
Color changes			
Incontinence			
Level of consciousness			
Headache or contusion			
Sleep time			
Aftermath			

GUIDELINES FOR PUMPING A SHUNT VALVE

INTRODUCTION

Pumping the shunt valve is a common procedure when caring for a client with shunt. Although a common procedure, it should not be perceived as a casual one. Many families are given very specific instructions regarding pumping the shunt valve. Care of the shunt and pumping of the valves can be accomplished by the respite care provider.

Shunts drain cerebrospinal fluid from the cranium to a body compartment where it is absorbed. Shunts have one-way valves that open when excess fluid accumulates and close when excess fluid is drained. *If your client's physician prescribes pumping of the shunt*, you can pump these valves if something blocks the tubing or drainage becomes sluggish.

PROCEDURE

1. Check care plan for physician's orders regarding exactly where to compress the valve, how many times to compress the valve, and how often to repeat the procedure.
2. Wash hands.
3. Explain procedure to client.
4. Compress the valve carefully the specified number of times.

WARNING: If the valve does not depress easily and refill immediately with CSF, contact the physician.

---

5. Repeat at regularly scheduled intervals.
6. Wash hands.
7. Document procedure.

GUIDELINES FOR ASSISTING A CLIENT WITH EPILEPSY

INTRODUCTION

Seizures can be caused by many factors. Some clients, however, do not have a clear-cut explanation of what causes their seizures. These clients have **idiopathic epilepsy** (*idiopathic* means without an obvious cause.)

Seizures may occur at long or short intervals — as frequently as several times per day or as infrequently as once every few years. Some clients may have seizures only at night or only during the day, while others may have them at any time. Seizures are more common when clients are relaxed than when they are active. Female clients may have seizures more frequently, or exclusively, during menstrual periods.

Medications

Many epileptic clients take medication regularly to control their seizures. It is important that the respite care provider be knowledgeable about the medications used by the client. For example, the care provider should know:

- What medications are taken (names and colors)
- The client's dosage
- How often the client should take the medication
- Side effects
- What to do if a dose is missed

Rectal Valium

A prolonged seizure may be treated by the use of Rectal Valium. Rectal Valium is used only when prescribed by a physician for a particular client and must be administered by trained personnel. If the care notes indicate that Rectal Valium has been prescribed for your client, ask for specific information about its use. If it is your responsibility to administer Rectal Valium to the client, ask the physician for specific instructions. If you are not to administer the medication, find out who you should contact.

ASSIGNMENT SHEET

ASSISTING WITH NEUROLOGIC CARE

V

OBJECTIVE 8

Apply knowledge about assisting a client during a seizure.

INTRODUCTION

Language Skills
- Use standard grammar, spelling, and capitalization
- State ideas clearly

Cognitive Activities Skills
- Identify/evaluate consequences
- Identify/develop alternatives
- Evaluate alternatives
- Select an alternative
- Devise a solution
- Transfer knowledge/training to new situations

Job Acquisition/ Development Skills
- Practice good work habits/ attitudes

Your actions can determine whether your client emerges from a seizure unharmed. You are also a valuable source of information for people who may have learned about seizures and epilepsy through rumors or myths. Remember what you have learned about your responsibilities when caring for a client who has a seizure.

Case Study 1

Your client is Juan, a 66-year-old Alzheimer's patient. Juan has had epilepsy since he was a small boy. Now he is confused much of the time, and his wife is sometimes unable to get him to take his anticonvulsive medicine.

Today is Juan's birthday, and his wife has invited you to stay for a small party with Juan and his family. Everyone is sitting around a table eating cake and ice cream when Juan says, "What's that smell?" You know that detecting a strange odor is one of Juan's auras, signaling an upcoming seizure.

1. What are the first things you must do?

____

____

____

____

____

As Juan's seizure begins, his family tries to help. His sister offers you a large wooden spoon to put in Juan's mouth. A nephew asks if you need help holding down Juan's arms and legs so he doesn't hurt himself.

2. What would you tell Juan's family?

____

____

____

____

____

3. What kind of care should you provide for Juan after his seizure?

____

____

____

____

____

____

Case Study 2

You are in the kitchen preparing lunch for your client, 16-year-old LaTanya, when you hear a cry from the living room. You rush into the living room and find LaTanya has just started a generalized (grand mal) seizure.

4. What are your most important responsibilities during LaTanya's seizure, and what will you do to meet these needs?

____

____

____

____

____

LaTanya's seizure ends after two minutes, but she immediately begins another seizure. After three minutes, the second seizure shows no signs of ending.

5. What do you do?

ASSIGNMENT SHEET

Answers will vary, but should include the following information.

1. Before Juan's seizure starts, you should do the following (if possible):
    - Remove food (and dentures, if applicable) from Juan's mouth.
    - Help Juan to lie down in a safe area.
    - Remove dangerous objects from the area.
2. You should tell Juan's family:
    - Never put anything in the mouth of a person having a seizure. It may occlude the airway or cause vomiting.
    - Never try to restrain a person having a seizure. The force of the contractions may break bones if they are restrained.
3. The following care should be provided for Juan after the seizure:
    - Position him on one side, using pillows for support, to allow saliva or vomitus to drain
    - Provide necessary hygiene care if Juan was incontinent
    - Provide reassurance and reorientation
    - Allow Juan to sleep following the seizure
4. The most important responsibilities during LaTanya's seizure are:
    - Maintain her airway and breathing.
        - — Loosen her clothing, especially around the neck
        - — Turn her head to one side and support it with soft pillows to prevent saliva from running down the throat into the trachea
        - — Provide oxygen if it is available

- Protect her from injury
- Call for emergency help if necessary
  - If LaTanya does not start breathing after the seizure (begin mouth-to-mouth resuscitation and alert emergency personnel)
  - If she is injured
  - If the seizure lasts longer than five minutes
  - If she has one seizure immediately after another

5. Call for emergency help immediately.

JOB SHEET — *ASSISTING WITH NEUROLOGICAL CARE* — *V*

OBJECTIVE 9

Measure the occipitofrontal circumference of a client's head.

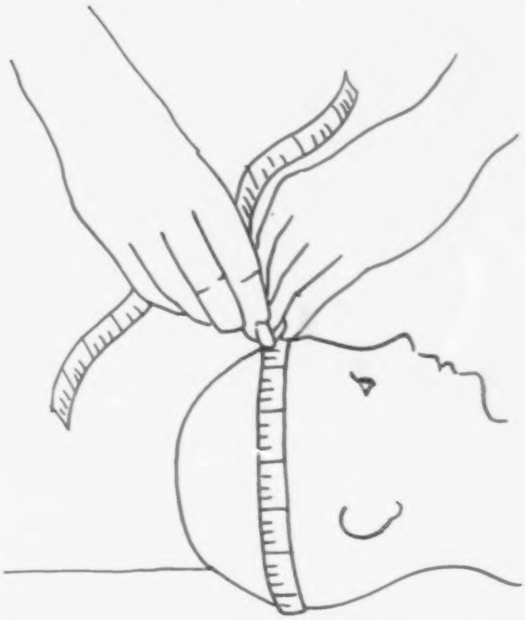
EQUIPMENT AND SUPPLIES

- Tape measure marked in centimeters

PROCEDURE

1. Wash your hands.
2. Place tape measure around client's skull at its greatest diameter, from just above eyebrows to the occipital protuberance (Figure 3).

FIGURE 3



3. Note measurement.
4. Wash hands.
5. Record measurement.

Functional Writing Skills
- Complete forms & records

Data Analysis and Display Skills
- Collect/record data

Functional Math Skills
- Make measurements

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

PRACTICAL TEST | *ASSISTING WITH NEUROLOGICAL CARE* V

JOB SHEET

Measure the occipitofrontal circumference of a client's head.

Instructions: When you are ready to perform this task, ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Placed tape measure around client's skull at its greatest diameter, from just above eyebrows to the occipital protuberance	___	___
3. Noted measurement	___	___
4. Washed hands	___	___
5. Recorded measurement	___	___
6. Used proper tools correctly	___	___
7. Performed steps in a timely manner	___	___
8. Practiced safety rules throughout procedure	___	___
9. Provided satisfactory responses to questions asked	___	___
10. Put away tools and cleaned work area	___	___

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Washed hands	4	3	2	1
Measured correct area	4	3	2	1
Made correct measurement	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training
3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required
2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill
1 **Unskilled** - Is familiar with process, but is unable to perform job

WRITTEN TEST

ASSISTING WITH NEUROLOGIC CARE

V

Name ______________________ Score __________

OBJECTIVE 1

Match terms associated with neurologic dysfunctions to their correct definitions. Write the correct letters in the blanks.

_____ 1. bundle of fibers that connect the brain and spinal cord to the body

_____ 2. clear, watery, odorless liquid that flows around the brain and spinal cord to protect them from injury

_____ 3. sudden, involuntary contraction of a group of muscles

_____ 4. small cavity in the brain, filled with cerebrospinal fluid

_____ 5. sensation that usually precedes a seizure

_____ 6. pressure exerted against the skull by brain tissue, blood, and CSF

_____ 7. region containing all the abdominal organs except the kidneys

_____ 8. state of a person's orientation and reaction to the environment

_____ 9. tube implanted in the body to redirect fluid from one area to another

a. aura

b. cerebrospinal fluid (CSF)

c. intracranial pressure (ICP)

d. lethargic

e. level of consciousness

f. nerve

g. neuron

h. peritoneal cavity

i. seizure

j. shunt

k. ventricle

May be photocopied for student use.

____ 10. condition of being sluggish, tired, apathetic

____ 11. basic nerve cell of the nervous system

OBJECTIVE 2 **State the purpose of a ventricular shunt.**

____

____

OBJECTIVE 3 **Name two possible complications of a shunt.**

1. ____________________
2. ____________________

OBJECTIVE 4 **State appropriate actions in the care of a client who has a shunt.** Give the appropriate care guidelines for each area.

1. Positioning: ____________________

____

____

____

____

____

2. Skin: ____________________

____

____

____

____

May be photocopied for student use.

3. Infection prevention: ______________________________

4. Nutrition: ______________________________

5. Exercise: ______________________________

6. Measurement: ______________________________

May be photocopied for student use.

7. Family involvement: ______

OBJECTIVE 5 **Describe types of seizures.**

1. Simple partial seizure: ______

2. Complex partial seizure: ______

465

May be photocopied for student use.

3. Generalized seizure:

OBJECTIVE 6 **List responsibilities of a respite care provider immediately before, during, and after a client's seizure.**

1. Before

2. During

May be photocopied for student use.

3. After ____

OBJECTIVE 7 **State observations you should make regarding a client's seizure.**

1. Lifestyle ____

2. Seizure activity ____

NOTE: Objectives 8 and 9 are evaluated on job sheet/assignment sheet in this unit. If you have not completed these components, see your instructor.

May be photocopied for student use.

WRITTEN TEST ANSWERS

ASSISTING WITH NEUROLOGIC CARE

V

OBJECTIVE 1

1. f
2. b
3. i
4. k
5. a
6. c
7. h
8. e
9. j
10. d
11. g

OBJECTIVE 2

To drain cerebrospinal fluid from the brain to the atrium of the heart or to the peritoneal cavity where the fluid can be absorbed

OBJECTIVE 3

1. Increased intracranial pressure due to mechanical malfunction of the shunt and/or valve

2. Bacterial infections focused at the shunt and/or valve

OBJECTIVE 4

1. Positioning

   - Support client's head and neck.

   - Change client's position frequently, at least every two hours, to prevent pressure sores.

   - Place client in a semi-sitting position for feeding, with the head and neck well supported.

   - Place client on his or her side with head elevated after feedings to prevent aspiration if client vomits.

2. Skin

   - Use soft fabric (called lamb's wool) against client's skin or an air mattress, waterbed, or gel-filled mattress for added protection in preventing pressure sores.

   - Support client's head and neck with pillows to prevent pressure sores on the head.

   - Massage client's skin with lotion to increase circulation and prevent excessive dryness and cracking.

   - Keep the skin dry.

- Wash a child's genital area with soap and warm water each time the child urinates or has a bowel movement; keep the diaper or underwear clean and dry.

- Keep the area around the shunt insertion site clean and dry.

3. Infection prevention

   - Wash your hands frequently and encourage family members to do the same: before and after handling the client, especially before preparing any feedings and after every diaper change.

   - Do not administer care to a client if you have a cold, flu, or infection; make arrangements to stay home until you are well.

4. Nutrition

   - Complete all physical care before the feedings so that client will be able to relax after meals.

   - Be patient when feeding infants with hydrocephalus; they frequently have a very weak ability to suck and often have tube feedings.

   - Allow extra time for feedings.

   - Modify feeding times as needed to include frequent feedings in small amounts.

   - Schedule time to offer extra liquid — water, juice, and other fluids — allowed by the physician to maintain proper hydration.

5. Exercise

   - Give passive range-of-motion exercises at frequent periods during the day to prevent contractures.

6. Measurement

   - Measure the client's occipitofrontal circumference (OFC), the largest measurement of the skull from a point above the eyebrows around the occipital protuberance, at the same time each day with a centimeter measure.

7. Family involvement

   - Share as much information as you know regarding the client's care.

- Encourage client's family members to participate at all times.
- Ask family members for their opinions and suggestions.
- Answer family members' questions accurately and honestly.
- Discuss with the family available resources — such as community agencies, social workers, support groups, parent groups, and specialty schools — concerning the client's condition.
- Maintain good communication with client's family.
- Be kind and supportive to client and family.

OBJECTIVE 5

1.
   - Begins in a *focal area*, such as the hand.
   - Usually consists of slow convulsions that increase in intensity and last from a few seconds to several minutes.
   - Loss of consciousness may or may not occur.
   - The affected body part may become temporarily paralyzed for a few minutes or up to 24 hours.
   - A **focal motor seizure** is confined to the focal area.
   - In a **Jacksonian seizure**, the convulsions will "march," or spread to other areas of the body.
2.
   - Client may remain motionless or move about automatically but inappropriately.
   - Client may exhibit manifestations including chewing, lip smacking, staring, grimacing, and picking or patting with the hands.
   - Outbursts of fear, rage, or violence may occur.
   - Client will not lose consciousness, but may experience post-seizure confusion and will not remember the events of the seizure.

3. - Grand mal seizure (or *tonic-clonic seizure*)

       - Occurs in people of all ages
       - Involves both sides of the body. The body becomes rigid, then begins jerky movements caused by muscle contractions and relaxations.
       - Client frequently cries out at beginning of seizure, chews on tongue, is incontinent of stool and urine, and salivates heavily, producing a "foaming" at the mouth.
       - Client loses consciousness.
       - After a generalized grand mal seizure the person is confused, experiences a headache and sore muscles, and may sleep for hours.

   - Petit mal seizure (or *absence seizure*)

       - Usually occurs in children between the ages of 4 and 12, and disappears by age 20.
       - Seizure begins with a blank facial expression, and all motor activity stops.
       - There is a sudden, momentary loss of consciousness and slight movement (twitching) of the face and neck.
       - Rapid return to consciousness (client may be unaware that the seizure occurred).
       - These seizures may occur many times a day, all without any warning.

OBJECTIVE 6

Before the seizure

- Recognize warning signs of seizure. Look for signs such as:

    - The client's particular aura
    - An abrupt change in consciousness or responsiveness, including inappropriate responses
    - An alteration in the client's perception of the environment
    - Rigidity or loss of muscle control

- Prepare the client for the seizure.

    - Remove food, gum, and/or dentures if at all possible
    - Assist client to a position lying down in a safe environment—do not let the client fall
    - Remove dangerous objects from the area, such as breakables or sharp objects

During the seizure

- Maintain the client's airway and breathing.
    - — Loosen client's clothing, especially around the neck
    - — Turn client's head to one side and support it with soft pillows to prevent saliva from running down the throat into the trachea
    - — Provide oxygen if it is available
- Protect the client from injury
    - — Move furniture or other items away from the client, if possible
- Call for emergency help if necessary
    - — If the client does not start breathing after the seizure (begin mouth-to-mouth resuscitation and alert emergency personnel)
    - — If the client is injured
    - — If the seizure lasts longer than five minutes
    - — If the client has one seizure immediately after another

After the seizure

- Provide care for the client.
    - — Position the client on one side, using pillows for support, to allow saliva or vomitus to drain
    - — Provide necessary hygiene care if client was incontinent
    - — Provide reassurance and reorientation to the client
    - — Allow the client to sleep, a common aftermath, following the seizure
- Document the seizure.
- Do not offer food or drink until the client is fully awake.

OBJECTIVE 7

1.
    - Drug regimen
    - Fatigue
    - Emotional stress
    - Illness
    - Physical injury

2.
   - Date
   - Time
   - Warning signs
   - Partial or general
   - Type of movement
   - Duration
   - Color changes
   - Incontinence
   - Level of consciousness
   - Headache or contusion
   - Sleep time
   - Aftermath

OBJECTIVE SHEET

MAINTAINING FOOD AND FLUID REQUIREMENTS

VI

INTRODUCTION

In your role as a respite care provider, you may have clients who are unable to take food or fluids orally. These clients may need to keep their mouths dry and inactive, they may find swallowing difficult or impossible, or the clients may be unconscious. To meet these clients' nutrition needs, a physician may order tube feedings.

In tube feedings, a fluid, liquified food, or commercially prepared formula goes through a tube directly into the client's stomach. Feedings may be intermittent (at regular intervals) or continuous. Only a physician can order feedings to be given through a tube, and the physician's prescription for the formula contains ingredients for all the nutrients required for a well-balanced diet.

A client's feeding tube may be one of three types:

- Nasogastric — Tube goes through a nostril, down the back of the throat, and through the esophagus until it reaches the stomach.
- Enteric — Tube reaches the stomach and then moves into the small intestine through the movement of peristalsis.
- Gastric — Tube goes directly to the stomach through a temporary or permanent opening through the skin.

PREREQUISITES

Basic Respite Care and the unit "Providing Care for Medically Challenged Clients" in *Advanced Respite Care: Medically Challenged*.

UNIT OBJECTIVE

After completing this unit, you will be able to administer tube feedings properly, using the appropriate formula in proper amounts, observing all safety precautions, and monitoring the client's tolerance of feedings to prevent complications. You will demonstrate these competencies by completing the assignment sheets and written test with a minimum of 85 percent accuracy.

SPECIFIC OBJECTIVES

After completing this unit, you will be able to:

1. Match terms associated with tube feedings to their correct definitions.
2. Label organs of the digestive system.

3. List guidelines for providing care for a client who receives tube feedings.
4. List signs and symptoms of aspiration.
5. Identify causes, prevention techniques, and appropriate interventions for problems of tube feedings.
6. Weigh a client. (Job Sheet 1)
7. Clean a gastrostomy tube site. (Job Sheet 2)
8. Confirm correct placement of a feeding tube. (Job Sheet 3)
9. Administer a tube feeding. (Job Sheet 4)
10. Irrigate a feeding tube. (Job Sheet 5)

MAINTAINING FOOD AND FLUID REQUIREMENTS *VI*

PREPARATION

- Obtain materials to supplement unit.
  - Demonstration mannequin equipped with passageway from nares to stomach and gastrostomy opening for instructor demonstration of insertion of nasogastric and gastrostomy tube.
  - Examples of the variety of tubes used for feedings: Levin, Dobhoff, rubber catheter, Salem Sump, and Keofeed. These will familiarize students with the tubes they will encounter in their care of clients.
  - Examples of adaptive equipment for eating.

  NOTE: See Suggested Resources

- Review instructional outline for this unit. Modify time frames to suit class needs and plan activities for each class period.
- Put up posters, charts, and other visual aids that relate to maintaining food and fluid requirements.
- Discuss the normalization principle in regard to eating. Encourage the use of as little adaptive equipment as possible to meet the client's need for independent eating.
- Review the Heimlich maneuver from the Red Cross CPR Course portion of *Basic Respite Care*.

DELIVERY

Objective 1: Match terms associated with tube feedings to their correct definitions.

- Point out that not all medically fragile clients will use feeding tubes; many will eat normally with very little help needed.

Objective 2: Label organs of the digestive system.

- Point out to students the paths through the digestive system for both tube feedings and food eaten by the client.

Objective 3: List guidelines for providing care for a client who receives tube feedings.

- Provide examples of equipment for gravity, drip-regulated, and motor-pump methods of feeding administration. Demonstrate their use, specifically showing how to maintain a constant rate of fluid administration. Point out that the provider should check for potential problems on gravity and drip-regulated setups every 30 minutes and motor pump setups at least once an hour.
- Review procedures on oral hygiene in "Assist with Daily Living Activities" from *Basic Respite Care*. Discuss how to adapt them to specific needs of medically challenged clients.
- Review information on procedures for monitoring client intake and output.
- Have students read Student Supplement 1 and then practice feeding each other a simple meal to increase sensitivity to client concerns.
- Have students read Student Supplement 2.

Objective 5: Identify causes, prevention techniques, and appropriate interventions for problems of tube feedings.

- Point out that the respite care provider is responsible for client safety.
- Stress that all procedures should be client-specific; a respite care provider may have to adapt techniques to be appropriate for a specific client.
- Remind students that any measures they initiate must be approved by the client's physician.

APPLICATION

Objective 6: Weigh a client.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 1.

Objective 7: Clean a gastrostomy tube site.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 2.

Objective 8: Confirm correct placement of a feeding tube.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 3.

Objective 9: Administer a tube feeding.

- Discuss and demonstrate procedure.
- Have students practice procedure using Job Sheet 4.

Objective 10: Irrigate a feeding tube.

- Discuss and demonstrate procedure
- Have students practice procedure using Job Sheet 5.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify material in unit or create supplementary materials for individual students as required.

Practical Test

- Evaluate students on job sheet activities if not previously done.
- Give practical test.
- Complete appropriate section of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked on the written test to demonstrate actions listed in the specific objectives.

- Give Written Test

  NOTE: The Written Test may be given in sections if desired.

- Reteach and retest if necessary.

- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Medical Models and Simulators

- Anatomical Chart Company, 8221 Kimball Avenue, Skokie, Illinois 60076, 800-621-7500.

- Health Edco Inc., P.O. Box 21207, Waco, Texas 76702, 800-299-3366 X 295.

UNIT REFERENCES

- *Manual of Nursing Practice*, 4th ed. J.B. Lippincott: Philadelphia, 1986.

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MAINTAINING FOOD AND FLUID REQUIREMENTS

OBJECTIVE 1

Match terms associated with tube feedings to their correct definitions.

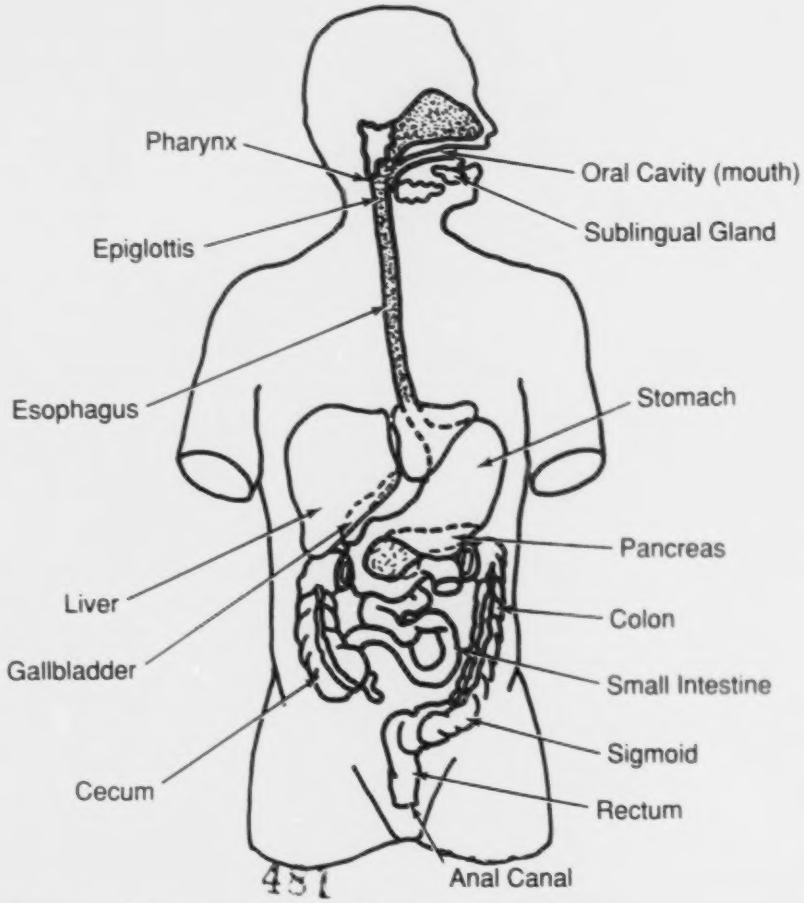
- **aspirate** — to draw foreign material into the nose, throat, or lungs during breathing; or to use a syringe to remove material from a body cavity
- **bolus** — concentrated mass of chewed food, medication, or diagnostic substance
- **diarrhea** — loose, abnormally frequent bowel movements
- **digestion** — physical and chemical breakdown of food into simpler substances that can be absorbed or eliminated from the body
- **emesis** — stomach material brought up (vomited) through the mouth
- **enteric** — pertaining to the intestines
- **food** — sustenance that the body uses to yield heat and energy, to promote growth, to regulate body processes, and to repair tissues
- **gavage** — feeding fluids or liquified food through a tube in the stomach
- **Heimlich maneuver** — emergency procedure for dislodging a bolus of food or other obstruction from the trachea to prevent asphyxiation
- **irrigate** — to wash out a tube inserted into the body, using water, saline, or a prescribed solution
- **Levin tube** — plastic catheter with a closed tip and openings on the lower end; used in gastric feedings
- **lumen** — inside opening (bore) of a tube
- **naris (plural *nares*)** — anterior opening in the nose that allows air to enter the lungs
- **nasogastric feeding** — introducing liquid nutrients through a tube directly into the stomach

- **nutrition** — study of foods and their relation to health
- **occlude** — to obstruct a tube or passageway
- **patent** — open, unobstructed
- **pathogens** — disease-carrying microorganisms
- **peristalsis** — wavelike motion of muscle tissue that moves food through the digestive tract
- **syringe** — device for withdrawing, injecting, or instilling fluids

OBJECTIVE 2 **Label organs of the digestive system.**

Being able to visualize the organs of the digestive system may help you understand the process of digestion, mechanisms of feeding a client through a tube, and complications that can occur (Figure 1).

FIGURE 1


Pharynx
Oral Cavity (mouth)
Sublingual Gland
Epiglottis
Esophagus
Stomach
Pancreas
Liver
Colon
Gallbladder
Small Intestine
Sigmoid
Cecum
Rectum
Anal Canal

OBJECTIVE 3 **List guidelines for providing care for a client who receives tube feedings.**

Eating has numerous psychosocial implications as well as physiological ones. The inability to ingest adequate amounts of food by mouth has a variety of impacts and causes many conflicting emotions for a client.

Sometimes people with feeding tubes isolate themselves from family and friends at mealtimes because they "eat" in a totally different manner. Clients may feel strange at social gatherings to have to display an obvious feeding tube, and people on continuous feedings must move about with even more apparatus. In addition, the insertion of a feeding tube may cause discomfort, both physically and emotionally.

Relationship with client

- Establish rapport with the client and family.
- Help the client/family understand the need for this alternate feeding program; explain that the feeding tube provides proper nourishment even if the client cannot take it by mouth.
- Enlist client's cooperation by explaining procedures.
- Approach the client in a calm, confident manner to alleviate fears and encourage cooperation.
- Encourage client to talk about his or her feelings about the tube.
- Keep the surroundings cheerful, attractive, and free of disagreeable odors.
- Respect the client's privacy at all times.
- Encourage as much client participation as possible in every aspect of the feeding process and care.

  EXAMPLES: The client may be able to record own weight, intake, and output.

Equipment

- Examine the feeding tube for flaws, rough edges, closed or clogged outlet.
- Clean gastrostomy tube sites daily with soap and water to wash away secretions and prevent infection.

- Notify the physician immediately if the tube becomes dislodged.
- Confirm placement of tube.
- Discard feeding bags, bottles, and syringes at recommended frequency.
- Discard administration tubing as recommended.
- Clean all equipment in hot, sudsy water; rinse well.

  NOTE: Bacteria can grow easily in the high glucose content of most formulas.

Formula

- Confirm physician's order for prescribed formula, amount of solution, and frequency of feeding.

  NOTE: Volume of tube feeding solution **must** be determined by the physician — adding to or reducing this amount can seriously affect a client's nutritional status. Volume is determined by body size, weight, growth patterns, age, nutritional needs, illness, etc.

- Wash hands well, using aseptic technique, before administering feeding.
- Bring formula to room temperature following specific instructions for your client. **Do not heat tube feeding solution.**
- Pinch the tubing to prevent additional air from entering stomach when attaching the formula.
- Give all tube feedings slowly. Allow formula to infuse slowly through the tubing, taking approximately 20 to 30 minutes for adults.
- Do not force formula through the tube.
- Syringe method: Do not allow syringe to empty before adding more formula or water. An empty syringe allows air to enter the stomach and cause gas.

- Feeding bag method: Hang the feeding tube no higher than 18 inches above an adult client's stomach. For a child, raise the bag above the child's stomach until flow begins.

CAUTION: Hanging the bag too high may cause cramps and vomiting. Do not try to hurry the feeding by hanging the bag higher than needed to begin flow.

- When using the feeding bag method, clamp the feeding tube before feeding bag is empty.
- Follow formula feedings with 30 cc (1 oz) warm tap water to clear feeding tube of formula.
- If the physician approves, give water through the tube at intervals between feedings for clients whose only source of nutrition is tube feedings.
- Refrigerate all tube feeding solutions to inhibit bacterial growth.
- Discard formulas that have been open to room air for more than four hours.

Monitoring

- Make sure the client can breathe easily with a nasogastric tube in one nostril. Check client's nasal passages for secretions, obstructions, crusting, blockage, or bleeding.
- Observe nares for signs of pressure from a nasogastric tube. Tape the tube to avoid undue pressure to the nares. Change wet or soiled tape and retape at a different site.
- Monitor client's intake and output to evaluate balance.
- Check the intake and output record at least once every eight hours to avoid complications of the feedings.
- Weigh the client frequently.
- Assess client's mouth and throat daily.
- Observe client for any negative response to feedings.

Client comfort

- Provide frequent oral hygiene for client.

- Help client change positions frequently to ensure comfort and aid in digestion.

- Clamp tube or provide a rolling IV pole to assist in ambulation for a client with continuous feedings.

- Allow freedom of movement without pulling on tube.

WARNING: Tension can dislodge the tube. Be extremely careful when moving a client who has a feeding tube. If the tube is dislodged, notify the physician.

- Place client in high Fowler's position to prevent aspiration or reflux of gastric contents.

- Leave client in high Fowler's position for 30 to 60 minutes after feedings. This position helps digestion and minimizes regurgitation of stomach contents.

  NOTE: High Fowler's is the ideal position. Any modification of this position is less acceptable but appropriate if conditions warrant this.

WARNING: If the client must be restricted to an absolutely flat position the danger of respiratory aspiration increases dangerously. Do not leave the client alone at any time during the feeding. Positioning the client's hand away from mid-line (toward right or left shoulder) aids in prevention of aspiration.

OBJECTIVE 4 **List signs and symptoms of aspiration.**

Clients with feeding tubes are at great risk of choking on mucus, formula, or gastric contents. Aspiration of any of these foreign materials into the trachea and lungs causes a partial or complete airway obstruction.

WARNING: An airway obstruction can cause a client to stop breathing suddenly, become cyanotic, and lose consciousness.

Signs and symptoms of aspiration

- Weak, ineffective cough
- Wheezing sound when inhaling
- Increase in breathing rate
- Ashen skin color, changing to gray and then blue
- Inability to speak
- Unconsciousness

OBJECTIVE 5 Identify causes, prevention techniques, and appropriate interventions for problems associated with tube feedings.

Problem	Possible Cause	Prevention	Intervention
Aspiration of mucus, formula, or gastric contents Change in client's skin color Labored respirations	Improper placement of tube Occluded tube Regurgitation of stomach contents into lungs	Check for correct tube placement before each feeding Check that tubing is patent and free of kinks Place client in high Fowler's position	Stop feedings immediately if skin color changes or if respirations become labored Notify physician
Vomiting	Too much formula Formula given too fast Air in stomach Poor body position for client Contaminated formula	Monitor feedings closely Consult physician about number and amounts of feedings Prevent feeding apparatus from running dry and filling with air Purge air from administration tubing before connecting it to client's tube Place client in high Fowler's position before the feeding and for 30 to 60 minutes after the feeding	Stop the feeding, wait 2 or 3 hours before continuing If vomiting persists, consult physician
Sore throat Poor oral hygiene	Placement of nasogastric tube in back of throat Neglect of oral hygiene Excessive mouth breathing Regurgitation of stomach contents	Provide client with periodic saline gargles Provide lozenges or anesthetic throat sprays, if permitted, to decrease the discomfort of tube in throat Give frequent oral care using mouthwash, toothbrush and toothpaste, and glycerine swabs Provide chewing gum or hard candy to client if allowed	Same as prevention NOTE: The physician must approve any comfort measures that the respite care provider initiates.

Problem	Possible Causes	Prevention	Intervention
Abdominal cramps Constipation	Inappropriate temperature of formula Too much formula	Bring formula to room temperature before use Provide only the prescribed amount of formula	Consult physician about laxatives for client
Diarrhea	Formula administered too quickly Bacterial contamination of formula Anxiety Formula intolerance	Administer formula slowly Refrigerate formula; do not allow it to sit at room temperature for more than 4 hours Clean all equipment carefully Provide information and assurance to client: invite client to talk about and participate in the tube feedings	Consult physician regarding a change in formula content Maintain hydration with clear fluids
Abrasion of nares Abrasion of skin around gastric tube Tape burns on skin	Infrequent changes of old, wet tape holding feeding tube in place Wet dressings left in contact with abdominal skin Failure to alternate nares when changing nasogastric tube	Cleanse face and nasal area frequently with soap and water Protect skin with an application of petroleum jelly Cleanse skin around gastric tube frequently with soap and water Keep dry dressings around gastric tube to absorb gastric juices Put tincture of benzoin on areas to be taped to minimize tape burns	Alert your supervisor or the client's physician if you observe bleeding, pus, drainage, strong odor, heat, redness, or other signs of infection

FEEDING DO'S AND DON'TS

Do

Before the meal

- Help the client to the bathroom or provide a urinal, bedpan, or catheterization if needed.
- Help wash the client's hands.
- Wash your hands.
- Know what to do if the client gags or chokes.
- Position the client properly. Clients confined to bed should be put in high Fowler's position if possible, or other prescribed position. Ambulatory clients should sit up straight in a chair.
- Follow the client's regular meal schedule as closely as possible.

During the meal

- Make the mealtime as enjoyable as possible by providing a clean environment, maintaining eye contact, and interacting with the client.
- Encourage the client to be as independent as possible.
- If you feed the client, present food from directly in front and slightly below the client's eye level so the client can see each bite. Name the foods as you go along.
- Feed slowly, alternating solids and liquids.
- Children with cleft palates swallow large amounts of air, so frequent burpings are necessary.

After the meal

- Have the client stay in an upright position for 30 to 60 minutes after eating. This helps the client's digestion.

Don't

- Do not feed a person who is lying down. Aspiration or choking on food are more likely in this position.
- Never fight a client who resists being fed.
- Do not rush a client through the meal.
- Do not offer between-meal snacks unless instructed by the family or noted in the care plan.
- Do not be rigid regarding schedule, amount of food, length of feeding, etc. While you must follow the care plan as closely as possible, you must also make allowances for the client's mood, energy level, appetite, etc.

SPECIFIC PROBLEMS IN FEEDING

Tongue thrust

- Place the food on the sides of the mouth or back of the tongue.
- Use jaw control to help with mouth closure.
- Gently press or vibrate with one finger under client's chin to prevent thrusting.
- Use semisolid or solid food with some texture; pureed food only increases thrusting.

Excessive drooling

- Avoid too much milk; it thickens mucus.
- Avoid sweets; they increase drooling.
- Use semisolid or solid foods; they are easier to handle than pureed.
- Use jaw control to facilitate lip closure.
- Pull down on client's chin and lips gently and quickly after food is in mouth to facilitate lip and jaw control.

No tongue lateralization

- Use jaw control.
- Place the food on the sides of the mouth.
- Use peanut butter or other similar food to help older children learn to use their tongues to move food around in their mouths.

Poor swallowing ability

- Use jaw control to facilitate closure after placing food on the back of tongue.
- Stroke throat downward from just below chin to chest.

- Pace feeding to client's swallowing ability.

- Experiment with different food consistencies.

Underdeveloped biting and chewing

- Give client tart and salty foods and foods with varied textures.

- Exercise client's whole tongue by placing peanut butter under tongue, between cheeks and gums.

- Give client foods that require chewing: toast strips, cottage cheese, french fries, orange and apple sections, wieners, meat sticks, etc.

- Put food to sides of client's mouth, and manipulate jaw in chewing.

  NOTE: All behavior/physical modification techniques need to be approved by the physician and therapist.

JOB SHEET 1 — MAINTAINING FOOD AND FLUID REQUIREMENTS — VI

OBJECTIVE 6

Weigh a client.

INTRODUCTION

Several types of scales are available. The type most commonly found in the home weighs a person who is standing on the scale, but there are also chair-type and bed-type scales. For weighing your client accurately, check that the scale is balanced before using it. Follow the manufacturer's directions for using a specific type of scale.

- Check that the scale is balanced before using it.
- Have the client wear approximately the same amount of clothing at each weighing for consistency in monitoring client's weight.
- Weigh an infant on infant scale: place a paper liner on the scale, place naked infant on scale, and keep your hand close to — but not touching — the infant to prevent falling.
- Explain to a child what you want the child to do.
- Have another adult help weigh a child who cannot hold still: have the other adult hold the child while you weigh them both; then weigh the adult alone and subtract the adult's weight from the combination weight.

  NOTE: This method gives an approximate, rather than an accurate, weight.
- Use the appropriate type of scale; follow manufacturer's directions for using a chair-type or bed-type scale.

Functional Writing Skills
- Complete forms & records

Operation and Calculation Skills
- Calculate with whole numbers

Math Application Skills
- Select/apply mathematical procedure
- Use English & metric measures

Functional Math Skills
- Make measurements

EQUIPMENT AND SUPPLIES

For infant:
- Balance-type infant scale
- Paper liner

For adult:
- Scale

PROCEDURE

Interactive Communication Skills

- Give/follow oral directions
- Communicate with clients/customers

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

For infant:

1. Wash hands.
2. Place paper liner on infant scale.
3. Balance scale if needed.
4. Remove infant's clothing.
5. Place naked infant on scale, keeping your hand close to but not touching the infant to prevent the infant from falling.
6. Move weight bar until scales balance.
7. Remove infant from scale.
8. Record infant's weight.
9. Return weight on scale to zero.
10. Dispose of paper liner.

For child or adult:

1. Balance the scale if needed.
2. Have client wear lightweight clothing.
3. Explain what you want client to do.
4. Have client step onto scale.
5. Have client stand still while you balance the weights.

   NOTE: If a child cannot hold still to be weighed, have another adult hold the child while you weigh them both. Weigh the other adult separately, then subtract the adult's weight from the combined weight.

6. Record client's weight.
7. Return weights on scale to zero.
8. Wash hands.

JOB SHEET 2 — MAINTAINING FOOD AND FLUID REQUIREMENTS — VI

OBJECTIVE 7

Clean a gastrostomy tube site.

INTRODUCTION

For the first 10 days after insertion of the gastrostomy tube, clean the site daily with equal parts of hydrogen peroxide and water. Thereafter, clean the site with soap and water or as prescribed.

EQUIPMENT AND SUPPLIES

- Cotton-tipped applicators
- Hydrogen peroxide if prescribed
- Tap water
- Soap
- Basin

PROCEDURE

1. Wash hands.
2. Gather materials.
3. Explain procedure to client.
4. Provide client privacy.
5. Mix solution of equal parts hydrogen peroxide and water (if prescribed) or soap and water in the basin.
6. Drape client to expose gastrostomy tube site.
7. Saturate a cotton-tipped applicator with the solution.
8. Hold the gastrostomy tube out of the way with one hand, being careful not to put unnecessary tension on the tube.
9. Cleanse site with cotton-tipped applicator, beginning at insertion site and circling outward.
10. Discard applicator; repeat steps 7 to 9 as needed, using clean applicators.
11. Allow site to air dry.

    NOTE: Some people may prefer to dry the site with a blow dryer on "cool" setting. What is important is for the site to be dry.

Functional Reading Skills
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

12. Wash hands.

13. Clean and store equipment; discard used supplies.

14. Provide for client comfort.

JOB SHEET 3 MAINTAINING FOOD AND FLUID REQUIREMENTS VI

OBJECTIVE 8 Confirm correct placement of a feeding tube.

EQUIPMENT AND SUPPLIES

- Large-barrel syringe, 50-60 cc capacity
- Stethoscope

PROCEDURE

1. Wash your hands.
2. Explain the procedure to client.
3. Assist client to a high Fowler's position.
4. Pull back plunger of syringe to 20 cc mark.
5. Place syringe containing 20 cc of room air into the end of feeding tube.
6. Place stethoscope on upper left side of client's abdomen.
7. Gently insert the 20 cc of air into the tube while listening with the stethoscope; you should hear a "swoosh" sound as air enters the stomach.

   NOTE: Air injected through the tube and heard in the stomach indicates that the tip of the feeding tube is in the stomach. This is usually, but not always, indicative of proper placement.

8. With the syringe still attached to the feeding tube, aspirate identifiable stomach contents.

   NOTE: Aspiration of stomach contents verifies correct placement of tube.

9. Return aspirated contents to stomach.
10. Remove syringe.
11. Wash hands.
12. Withhold all further infusions and notify physician if further confirmation of placement seems necessary.

    NOTE: X-ray confirmation of tube placement may be necessary if these methods are unsuccessful.

General Science Skills

- Use scientific instruments
- Collect specimens

Cognitive Activities Skills

- Analyze/synthesize information
- Evaluate results/outcomes

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

OBJECTIVE 9 **Administer a tube feeding.**

INTRODUCTION

Three methods of regulating tube feedings are gravity, drip, and pump. The method chosen for a particular client depends on the client's physical condition, the client's dexterity/mobility, availability of supplies, and the cost of supportive materials. Because it requires a minimum of supplies, gravity is the most frequently used method.

Functional Reading Skills
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Functional Math Skills
- Make measurements

Interactive Communication Skills
- Communicate with clients/customers

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

Gravity method

Supplies: Large-barrel syringe is generally used as a reservoir.

Flow rate: Raising or lowering feeding solution regulates the rate of flow; solution may be hand-held or attached to a pole that is adjusted to maintain continuous flow of formula.

Safety check: Check every 30 minutes for potential problems in rate of administration.

Drip method

Supplies: Delivery system uses a feeding bag or bottle and an administration tubing that has a drip chamber.

Flow rate: Adjust the rate by monitoring number of drips per minute.

Safety check: Check every 30 minutes for potential problems in rate of administration.

Motor pump method

Supplies: Delivery system uses a formula bag or bottle and an administration tubing with drip chamber; tubing threads through the machine, which then administers prescribed rate of formula.

Flow rate: Pump is programmed with a pre-set flow rate.

Safety check: Check once an hour for potential problems in rate of administration.

EQUIPMENT AND SUPPLIES

- Administration tubing
- Formula
- Tap water
- Two syringes (each 50 to 60 cc) or feeding bag/bottle
- Stethoscope
- Bulb syringe
- Sterile gauze squares
- Clean rubber band
- Clean dressings
- Montgomery straps

PROCEDURE

1. Confirm physician's order for prescribed formula, amount, and frequency of feeding.

2. Wash your hands.

3. Place formula container in bowl of warm water to bring it to room temperature if it has been refrigerated.

CAUTION: Formula that is too hot or cold may cause stomach cramps. Do not heat tube feeding solution or use refrigerated solution that has not been brought to room temperature.

---

4. Gather equipment.

5. Explain procedure to client.

6. Assist client to high Fowler's position.

7. Wash your hands well, using aseptic technique.

8. Confirm placement of the tube by air injection or aspiration of gastric contents.

9. Administer feeding.

    a. Syringe method

        1) Attach formula.

            a) Pinch tubing.

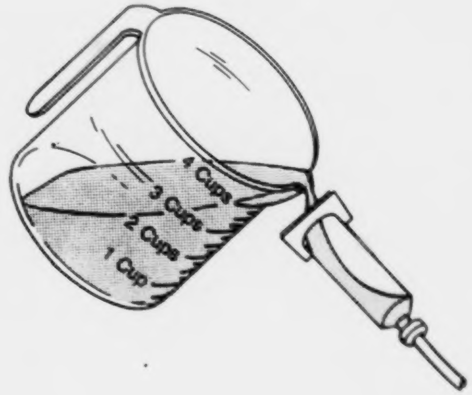
            b) Remove plunger from barrel of syringe.

            c) Attach syringe to feeding tube opening.

d) Tape connection securely.

2) Fill syringe with formula from a measuring cup containing the correct amount of formula, holding syringe at an angle to let air escape instead of entering the stomach (Figure 3).

FIGURE 3



3) Hold or hang syringe 18 inches above an adult stomach; for a child, hang syringe just high enough above stomach to allow gravity to work.

4) Allow formula to infuse slowly (approximately 20 to 30 minutes) through the tubing.

5) Add more formula to syringe before syringe empties completely.

6) Add 30 cc (1 oz) warm tap water to syringe before it empties completely.

b. Feeding bag method

1) Fill feeding bag with required amount of formula.

2) Allow formula to fill administration tubing to remove all air from the system.

3) Attach administration tubing to feeding tube opening.

4) Tape connection securely.

5) Hang feeding tube no higher than 18 inches above

adult client's stomach; hang it just high enough over a child's stomach for gravity to work.

6) Allow formula to infuse slowly (approximately 20 to 30 minutes).

7) Add 30 cc (1 oz) warm tap water to tubing.

8) Clamp feeding tube before feeding bag is empty.

9) Clamp or plug the feeding tube.

   a. Cover end of tube with sterile gauze; wrap clean rubber band around it.

   b. Coil tubing on a dressing; cover with another dressing.

   c. Secure dressings to client.

10. Remove syringe or feeding bag from tubing.

11. Leave client in high Fowler's position for 30 to 60 minutes.

12. Refrigerate any remaining tube feeding solution.

13. Clean all equipment in hot, sudsy water; rinse well.

14. Store equipment in a clean area.

15. Provide for client's comfort.

16. Wash hands.

17. Document time and other details of the procedure, including client's response.

JOB SHEET 5 — MAINTAINING FOOD AND FLUID REQUIREMENTS — VI

OBJECTIVE 10

Irrigate a feeding tube.

INTRODUCTION

A feeding tube's small lumen and the feeding solution's viscosity combine to block the tubing, either partially or completely. Residue from the solution builds up along the inner lumen of the tube and closes or further narrows the opening. Irrigating the feeding tube can prevent or open blocked tubes.

You will know that the tube is blocked when the administration of feedings becomes sluggish or stops completely, when you are unable to aspirate gastric contents with a syringe, or when the client has pain, fullness, or swelling of the abdomen.

The most commonly used solution is warm tap water. Other solutions include normal saline solution, cranberry juice, cola, or meat tenderizer diluted in warm water. The physician decides what irrigation solution to use for a particular client because some medical conditions contraindicate some of the irrigation solutions.

Functional Writing Skills

- Complete forms & records

Functional Math Skills

- Make measurements

WARNING: Never instill anything through the feeding tube without the express order of the client's physician.

EQUIPMENT AND SUPPLIES

- Two large-barrel (50 to 60 cc) syringes
- Irrigation solution
- Basin

PROCEDURE

1. Wash hands thoroughly.
2. Gather equipment.
3. Explain procedure to client.
4. Disconnect feeding tube from formula or unclamp feeding tube.
5. Attempt to aspirate stomach contents with syringe.

   NOTE: If you cannot aspirate stomach contents, consult your supervisor or client's physician for instructions.

Cognitive Activities Skills

- Evaluate results/outcomes

Job Acquisition/ Development Skills

- **Master specific job task/procedure**
- **Practice good work habits/attitudes**

6. Fill second syringe with approximately 30 cc of irrigating solution.

7. Attach syringe with irrigating solution to feeding tube.

8. Instill solution **gently** into the tube—do not use force.

9. Aspirate solution; discard it into basin.

   NOTE: Normal color of gastric contents is green. You may also aspirate some of the previous formula.

10. Repeat Steps 6 through 9 until tubing is clear.

    NOTE: Notify the physician if you are unable to clear the feeding tube with this procedure.

11. Clean all equipment in hot, sudsy water.

12. Store equipment in a clean area.

13. Make client comfortable.

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PRACTICAL TEST 1

MAINTAINING FOOD AND FLUID REQUIREMENTS

VI

JOB SHEET 1

Weigh a client.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Balanced scale if needed	___	___
For infant:		
3. Placed paper liner on infant scale	___	___
4. Removed infant's clothing	___	___
5. Placed naked infant on scale, keeping hand close to but not touching the infant to prevent the infant from falling	___	___
6. Moved weight bar until scales balanced	___	___
7. Removed infant from scale	___	___
8. Recorded infant's weight	___	___
9. Returned weight on scale to zero	___	___
10. Disposed of paper liner	___	___
11. Washed hands	___	___

For child or adult:

12. Explained procedure to client ___ ___

13. Had client wear lightweight clothing ___ ___

14. Had client step on scale ___ ___

15. Had client hold still while weights were balanced ___ ___

16. Recorded client's weight ___ ___

17. Returned weights on scale to zero ___ ___

18. Washed hands ___ ___

19. Performed steps in a timely manner ___ ___

20. Practiced safety rules through procedure ___ ___

21. Provided satisfactory responses to questions asked ___ ___

___ ___

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Measured correct weight	4	3	2	1
Recorded correct weight	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training

3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required

2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill

1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 2

MAINTAINING FOOD AND FLUID REQUIREMENTS

VI

JOB SHEET 2

Clean a gastrostomy tube site.

Student's name ________________ Date ________

Evaluator's name ________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Gathered materials	___	___
3. Explained procedure to client	___	___
4. Provided client privacy	___	___
5. Mixed solution of equal parts hydrogen peroxide and water (if prescribed) or soap and water in the basin	___	___
6. Draped client to expose gastrostomy tube site	___	___
7. Saturated a cotton-tipped applicator with the cleaning solution	___	___
8. Held the gastrostomy tube out of the way with one hand, being careful not to put unnecessary tension on the tube	___	___

9. Cleansed site with cotton-tipped applicator, beginning at insertion site and circling outward ___ ___

10. Discarded applicator; repeated steps 7 to 9, using clean applicators ___ ___

11. Allowed site to air dry ___ ___

12. Washed hands ___ ___

13. Cleaned and stored equipment, discarded used supplies ___ ___

14. Provided for client comfort ___ ___

15. Performed steps in a timely manner ___ ___

16. Practiced safety rules through procedure ___ ___

17. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ______________________________

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Used correct cleaning solution	4	3	2	1
Avoided tension on gastrostomy tube	4	3	2	1
Cleaned site properly	4	3	2	1
Allowed site to dry	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training

3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required

2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill

1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 3

MAINTAINING FOOD AND FLUID REQUIREMENTS

VI

JOB SHEET 3

Confirm correct placement of a feeding tube.

Student's name ____________________ Date ____________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Explained procedure to client	___	___
3. Assisted client to a high Fowler's position	___	___
4. Pulled back plunger of syringe to 20 cc mark	___	___
5. Placed syringe containing 20 cc of room air into the end of feeding tube	___	___
6. Placed stethoscope on upper left side of client's abdomen	___	___
7. Gently inserted the 20 cc of air into the tube while listening with the stethoscope for the "swoosh" sound as air entered the stomach	___	___
8. With the syringe still attached to the feeding tube, aspirated identifiable stomach contents	___	___

9. Returned aspirated contents to stomach ___ ___

10. Removed syringe ___ ___

11. Withheld all further infusions and notified physician if further confirmation of placement seems necessary ___ ___

12. Washed hands ___ ___

13. Performed steps in a timely manner ___ ___

14. Practiced safety rules through procedure ___ ___

15. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS ______________________________

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Put client in high Fowler's position	4	3	2	1
Used stethoscope properly	4	3	2	1
Inserted air into tube correctly	4	3	2	1
Aspirated/identified stomach contents correctly	4	3	2	1

EVALUATOR'S COMMENTS	______________________________________ ______________________________________ ______________________________________
AVERAGE RATING	**Evaluator note:** To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.
PERFORMANCE EVALUATION KEY	4 **Skilled** - Can perform job with no additional training 3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required 2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill 1 **Unskilled** - Is familiar with process, but is unable to perform job

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JOB SHEET 4

Administer a tube feeding.

Student's name ____________________ Date __________

Evaluator's name ____________________ Attempt no. ______

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Confirmed physician's order for prescribed formula, amount, and frequency of feeding	___	___
2. Washed hands	___	___
3. Placed formula container in bowl of warm water to bring it to room temperature if it had been refrigerated	___	___
4. Gathered equipment	___	___
5. Explained procedure to client	___	___
6. Assisted client to high Fowler's position	___	___
7. Washed hands well, using aseptic technique	___	___
8. Confirmed placement of feeding tube by air injection or aspiration of gastric contents	___	___

9. Administered feeding ___ ___

    a. Syringe method ___ ___

        1) Attached formula ___ ___

            a) Pinched tubing ___ ___

            b) Removed plunger from barrel of syringe ___ ___

            c) Attached syringe to feeding tube opening ___ ___

            d) Taped connection securely ___ ___

        2) Filled syringe with formula from a measuring cup containing the correct amount of formula, holding syringe at an angle to let air escape instead of entering the stomach ___ ___

        3) Held or hung syringe 18 inches above an adult's stomach; for a child, hung syringe just high enough above stomach to allow gravity to work ___ ___

        4) Allowed formula to infuse slowly (approximately 20 to 30 minutes) through the tubing ___ ___

        5) Added more formula to syringe before syringe emptied completely ___ ___

        6) Added 30 cc (1 oz) warm tap water to syringe before it emptied completely ___ ___

    b. Feeding bag method

        1) Filled feeding bag with required amount of formula ___ ___

2) Allowed formula to fill administration tubing to remove all air from the system ___ ___

3) Attached administration tubing to feeding tube opening ___ ___

4) Taped connection securely ___ ___

5) Hung feeding tube no higher than 18 inches above adult client's head; hung it just high enough over a child's stomach for gravity to work ___ ___

6) Allowed formula to infuse slowly (approximately 20 to 30 minutes) ___ ___

7) Added 30 cc (1 oz) warm tap water to tubing ___ ___

8) Clamped feeding tube before feeding bag emptied ___ ___

9) Clamped or plugged feeding tube ___ ___

    a. Covered end of tube with sterile gauze; wrapped clean rubber band around it ___ ___

    b. Coiled tubing on a dressing; covered with another dressing ___ ___

    c. Secured dressings to client ___ ___

10) Removed syringe or feeding bag from tubing ___ ___

10. Left client in high Fowler's position for 30 to 60 minutes ___ ___

11. Refrigerated any remaining tube feeding solution ___ ___

12. Cleaned all equipment in hot, sudsy water; rinsed well ___ ___

13. Stored equipment in a clean area ___ ___

14. Provided for client's comfort ___ ___

15. Washed hands ___ ___

16. Documented procedure, including time and client's response ___ ___

17. Performed steps in a timely manner ___ ___

18. Practiced safety rules through procedure ___ ___

19. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Confirmed placement of feeding tube	4	3	2	1
Filled/attached bag/syringe correctly	4	3	2	1
Brought formula to room temperature without heating formula	4	3	2	1
Did not allow empty bag/syringe to pass air into stomach	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training

3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required

2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill

1 **Unskilled** - Is familiar with process, but is unable to perform job

PRACTICAL TEST 5

MAINTAINING FOOD AND FLUID REQUIREMENTS

VI

JOB SHEET 5

Irrigate a feeding tube.

Student's name ______________________ Date __________

Evaluator's name ______________________ Attempt no. _____

Instructions: When you are ready to perform this task ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an overall performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student:	Yes	No
1. Washed hands	___	___
2. Gathered equipment	___	___
3. Explained procedure to client	___	___
4. Disconnected feeding tube from formula or unclamped feeding tube	___	___
5. Attempted to aspirate stomach contents with syringe; contacted supervisor or physician for further instructions if stomach contents could not be aspirated	___	___
6. Filled second syringe with approximately 30 cc of irrigating solution	___	___
7. Attached syringe with irrigating solution to feeding tube	___	___
8. Instilled solution gently into tube	___	___
9. Aspirated solution; discarded it into basin	___	___

10. Repeated steps 6 through 9 until tubing was clear ___ ___
11. Cleaned all equipment in hot, sudsy water ___ ___
12. Stored equipment in a clean area ___ ___
13. Provided for client comfort ___ ___
14. Performed steps in a timely manner ___ ___
15. Practiced safety rules through procedure ___ ___
16. Provided satisfactory responses to questions asked ___ ___

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Aspirated stomach contents	4	3	2	1
Instilled/aspirated irrigation solution correctly	4	3	2	1
Irrigated until tubing was clear	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** - Can perform job with no additional training

3 **Moderately Skilled** - Has performed job during training program; limited additional training may be required

2 **Limited Skill** - Has performed job during training program; additional training is required to develop skill

1 **Unskilled** - Is familiar with process, but is unable to perform job

WRITTEN TEST

MAINTAINING FOOD AND FLUID REQUIREMENTS

VI

Name ____________________ Score __________

OBJECTIVE 1

Match terms associated with tube feedings to their correct definitions. Write the correct letters in the blanks.

____ 1. feeding fluids or liquified food through a tube in the stomach

____ 2. sustenance that the body uses to yield heat and energy, to promote growth, to regulate body processes, and to repair tissues

____ 3. open, unobstructed

____ 4. concentrated mass of chewed food, medication, or diagnostic substance

____ 5. wavelike motion of muscle tissue that moves food through the digestive tract

____ 6. to wash out a tube inserted into the body, using water, saline, or a prescribed solution

____ 7. pertaining to the intestines

____ 8. to obstruct a tube or passageway

____ 9. physical and chemical breakdown of food into simpler substances that can be absorbed or eliminated from the body

a. aspirate
b. bolus
c. diarrhea
d. digestion
e. emesis
f. enteric
g. food
h. gavage
i. Heimlich maneuver
j. irrigate
k. Levin tube
l. lumen
m. naris
n. nasogastric feeding
o. nutrition
p. occlude
q. patent
r. pathogens

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_____ 10. to draw foreign material into the nose, throat, or lungs during breathing; or to use a syringe to remove material from a body cavity

_____ 11. loose, abnormally frequent bowel movements

_____ 12. stomach material brought up (vomited) through the mouth

_____ 13. emergency procedure for dislodging a bolus of food or other obstruction from the trachea to prevent asphyxiation

_____ 14. plastic catheter with a closed tip and openings on the lower end; used in gastric feedings

_____ 15. inside opening (bore) of a tube

_____ 16. anterior opening in the nose that allows air to enter the lungs

_____ 17. introducing liquid nutrients through a tube directly into the stomach

_____ 18. study of foods and their relation to health

_____ 19. device for withdrawing, injecting, or instilling fluids

_____ 20. disease-carrying microorganisms

s. peristalsis

t. syringe

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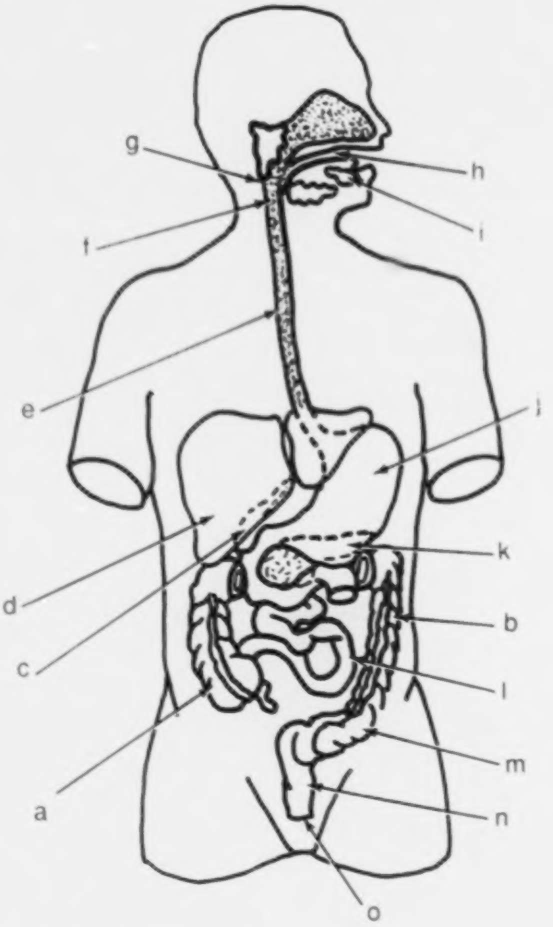
OBJECTIVE 2 **Label organs of the digestive system.** Write the correct names in the blanks.



a. ____________

b. ____________

c. ____________

d. ____________

e. ____________

f. ____________

g. ____________

h. ____________

i. ____________

j. ____________

k. ____________

l. ____________

m. ____________

n. ____________

o. ____________

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OBJECTIVE 3 **List guidelines for providing care for a client who receives tube feedings.** Give the guidelines for each category.

1. Relationship with client

2. Equipment

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3. Formula

4. Monitoring

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5. Client comfort

____

____

____

____

____

____

OBJECTIVE 4 **List signs and symptoms of aspiration.** List the signs in the blanks.

____

____

____

____

____

____

OBJECTIVE 5 **Identify causes, prevention techniques, and appropriate interventions for problems associated with tube feedings.** Write the letter of the correct answer in the blank.

_____ 1. Which of the following techniques could prevent a client's diarrhea?

a. Administer formula slowly.

b. Place client in high Fowler's position before the feeding and for 30 to 60 minutes after feeding.

c. Do not allow feeding apparatus to run dry and fill with air.

d. Make sure that tubing is patent and free of kinks.

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____ 2. Which of the following techniques could prevent aspiration of mucus, formula, or gastric contents?

a. Administer formula slowly.

b. Keep dry dressings around gastric tube to absorb gastric juices.

c. Check correct placement of tube before each feeding.

d. Refrigerate formula; do not allow it to sit at room temperature for more than four hours.

____ 3. Which of the following situations could cause labored respirations in a client?

a. Formula intolerance

b. Constipation

c. Formula given too fast

d. Improper placement of tube

____ 4. What would you do if you observed a change in skin color around your client's nose, lips, or fingertips?

a. Consult physician about laxatives for client.

b. Stop feedings immediately; notify physician.

c. Cleanse face and nasal area frequently with soap and water.

d. Maintain hydration with clear fluids.

____ 5. What is one possible cause of sore throat and poor oral hygiene?

a. Excessive mouth breathing

b. Bacterial contamination of formula

c. Air in stomach

d. Failure to alternate nares when changing nasogastric tube

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_____ 6. You have just begun to administer the prescribed tube feeding formula to your client. He starts to cough, his breathing becomes very rapid, he appears anxious, and his color looks gray. What is your **first** action?

a. Call the physician.

b. Discontinue the feeding immediately.

c. Call for a family member to help.

d. Administer several sharp slaps to client's back at the shoulder level.

_____ 7. Which of the following interventions would be appropriate for a client who vomits?

a. Discontinue the feeding; wait 2 or 3 hours before continuing.

b. Consult physician about laxatives for client.

c. Maintain hydration with clear fluids.

d. Place client in high Fowler's position.

_____ 8. Which of the following situations could cause a client to vomit?

a. Failure to alternate nares when changing nasogastric tube

b. Too much formula

c. Excessive mouth breathing

d. Tube occlusion

_____ 9. Which of the following situations could cause diarrhea in a client who has tube feedings?

a. Too much feeding solution

b. Air in stomach

c. Poor body position for client

d. Anxiety

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_____ 10. What technique would prevent abdominal cramps in a client who has tube feedings?

a. Purge air from administration tubing before connecting it to client's tube.

b. Provide client with saline gargles periodically.

c. Keep dry dressings around gastric tube to absorb gastric juices.

d. Bring formula to room temperature before use.

NOTE: Objectives 6-10 are evaluated on job sheets/assignment sheets in this unit. If you have not completed these components, see your instructor.

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OBJECTIVE 1

1. h
2. g
3. q
4. b
5. s
6. j
7. f
8. p
9. d
10. a
11. c
12. e
13. i
14. k
15. l
16. m
17. n
18. o
19. t
20. r

OBJECTIVE 2

a. Cecum
b. Colon
c. Gallbladder
d. Liver
e. Esophagus
f. Epiglottis
g. Pharynx
h. Oral cavity (mouth)
i. Sublingual gland
j. Stomach
k. Pancreas
l. Small intestine
m. Sigmoid
n. Rectum
o. Anal canal

OBJECTIVE 3

1.
- Establish rapport with the client and family.
- Help the client/family understand the need for this alternate feeding program; explain that the feeding tube provides proper nourishment even if the client cannot take it by mouth.
- Enlist client's cooperation by explaining procedures.

- Approach the client in a calm, confident manner to alleviate fears and encourage cooperation.

- Encourage client to talk about his or her feelings about the tube.

- Keep the surroundings cheerful, attractive, and free of disagreeable odors.

- Respect the client's privacy at all times.

- Encourage as much client participation as possible in every aspect of the feeding process and care.

2. - Examine the feeding tube for flaws, rough edges, closed or clogged outlet.

- Clean gastrostomy tube sites daily with soap and water to wash away secretions and prevent infection.

- Notify the physician immediately if the tube becomes dislodged.

- Confirm placement of tube.

- Discard feeding bags, bottles, and syringes at recommended frequency.

- Discard administration tubing as recommended.

- Clean all equipment in hot, sudsy water; rinse well.

3. - Confirm physician's order for prescribed formula, amount of solution, and frequency of feeding.

- Wash hands well, using aseptic technique, before administering feeding.

- Bring formula to room temperature by placing container in bowl of warm water; **do not heat tube feeding solution**.

- Pinch the tubing to prevent additional air from entering stomach when attaching the formula.

- Give all tube feedings slowly. Allow formula to infuse slowly through the tubing, taking approximately 20 to 30 minutes for adults.

- Do not force formula through the tube.

- Syringe method: Do not allow syringe to empty before adding more formula. An empty syringe allows air to enter the stomach and cause gas.
- Feeding bag method: Hang feeding tube no higher than 18 inches above client's stomach. For a child, raise the bag above the child's stomach until flow begins.
- When using the feeding bag method, clamp feeding tube before feeding bag is empty.
- Follow formula feedings with 30 cc (1 oz) warm tap water to clear feeding tube of formula.
- If physician approves, give water through the tube at intervals between feedings for clients whose only source of nutrition is tube feedings.
- Refrigerate all tube feeding solutions to inhibit bacterial growth.
- Discard formulas that have been open to room air for more than four hours.

4. - Make sure the client can breathe easily with a nasogastric tube in one nostril. Check client's nasal passages for secretions, obstructions, crusting, blockage, or bleeding.
   - Observe nares for signs of pressure from a nasogastric tube. Tape the tube to avoid undue pressure to the nares. Change wet or soiled tape and retape at a different site.
   - Monitor client's intake and output to evaluate balance.
   - Check the intake and output record at least once every eight hours to avoid complications of the feedings.
   - Weigh the client frequently.
   - Assess client's mouth and throat daily.
   - Observe client for any negative response to feedings.

5. - Provide frequent oral hygiene for client.
   - Help client change positions frequently to ensure comfort and aid in digestion.
   - Clamp tube or provide a rolling IV pole to assist in ambulation for a client with continuous feedings.

- Allow freedom of movement without pulling on tube.
- Place client in high Fowler's position to prevent aspiration or reflux of gastric contents.
- Leave client in high Fowler's position for 30 to 60 minutes after feedings. This position helps digestion and minimizes regurgitation of stomach contents.

OBJECTIVE 4

- Weak, ineffective cough
- Wheezing sound when inhaling
- Increase in breathing rate
- Ashen skin color, changing to gray and then blue
- Inability to speak
- Unconsciousness

OBJECTIVE 5

1.	a	6.	b
2.	c	7.	a
3.	d	8.	b
4.	b	9.	d
5.	a	10.	d

OBJECTIVE SHEET

PROVIDING CARE FOR THE TERMINALLY ILL CLIENT

VII

INTRODUCTION

Death can occur suddenly and without warning, or it may come after a lingering illness. A growing trend toward home health care (or *hospice care*) for the terminally ill has resulted in an increased need for respite care services.

The respite care provider who takes a position providing care for the aged and/or terminally ill should consider personal concerns about death and dying. You will need to prepare yourself to face the death of a client—someone with whom you may have developed a strong relationship—and to manage your own personal stress and grief.

PREREQUISITE

Basic Respite Care.

UNIT OBJECTIVE

After completing this unit, you will be able to provide care for the terminally ill client, maintain supportive relationships with terminally ill clients and their families, provide care for the dying client, and manage personal stress. You will demonstrate these competencies by completing the assignment sheets and written test with a minimum of 85 percent accuracy.

SPECIFIC OBJECTIVES

After completing this unit, you will be able to

1. Identify the stages of grief.
2. List measures for helping terminally ill clients and/or their families cope with death. (Student Supplement 1, Activity Sheet 1, Activity Sheet 2)
3. Describe ways to provide physical care for the dying client. (Student Supplement 2)
4. Discuss signs of approaching death.
5. Assess personal feelings about death and dying. (Assignment Sheet)

SUGGESTED ACTIVITIES

PROVIDING CARE FOR TERMINALLY ILL CLIENTS

VII

PREPARATION

- Obtain materials to supplement unit.

  NOTE: See Suggested Resources

- Review instructional outline for this unit. Modify time frames to suit class needs and plan activities for each class period.
- Put up posters, charts, and other visual aids that relate to caring for terminally ill clients.

DELIVERY

Objective 1: Identify the stages of grief.

- Discuss personal experiences of class members who have lost close friends or family members to a terminal illness, accident, or old age. Relate how stages of grief are present regardless of the cause of death.
- Remind students that respite care providers may also experience stages of grief.

Objective 2: List measures for helping terminally ill clients and/or their families cope with death.

- Have students read Student Supplement 1. Ask students to share their family/personal beliefs about death.
- Have students complete Activity Sheets 1 and 2. If the class is large, divide students into groups of 2 or 3 to work on Activity Sheet 2.

Objective 3: Describe ways to provide physical care for the dying client.

- Have students read and discuss Student Supplement 2.

Objective 5: Assess personal feelings about death and dying.

- Have students complete Assignment Sheet.

EVALUATION

Pretest

- Give written test as Pretest.
- Determine individual study requirements from pretest results.

- Counsel students individually on pretest results and study requirements.
- Modify material in unit or create supplementary materials for individual students as required.

Written Test

- Explain to students that they will be asked on the written test to demonstrate actions listed in the specific objectives.
- Evaluate students on assignment sheet activities if not previously done.
- Give written test

  NOTE: The written test may be given in sections if desired.

- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Human Resources

- Foundation for Hospice and Home Care, 519 C Street NE, Washington, DC 20002, (202) 547-7424.
- National Hospice Organization, 1901 N. Moore Street, Suite 901, Arlington, Virginia 22209, (703) 243-5900.

  NOTE: Contact the above organizations for pamphlets and other materials that would be beneficial for the students' use.

Print Media

- Kalish, Richard. *Death, Grief, and Caring Relationships.* Brooks/Cole Publishing Company: Monterey, California, 1981.
- Vail, Elaine. *A Personal Guide to Living With Loss.* Wiley Publishing Company: New York, 1982.
- Watkins-Hamilton, DeNise. "A Welcome Release." *Nursing91*, June, 1991.

UNIT REFERENCES

- *Occupational Home Economics Series: Care and Independent Living Services for the Aging, Section III-A22.* U.S. Government Printing Office: Washington, DC, 1977.
- *Caring About Kids: Talking to Children About Death.* National Institute of Mental Health, U.S. Department of Health, Education, and Welfare: Rockville, Maryland, 1979.
- Sloan, Jamee Reid, *Practical Nursing II.* Oklahoma Department of Vocational and Technical Education: Stillwater, Oklahoma, 1981.
- Spinetta, John, and Patricia Deasy-Spinetta. *Emotional Aspects of Life-Threatening Illness in Children*, rev. ed. Cystic Fibrosis Foundation: Bethesda, Maryland, 1980.

OBJECTIVE 1 **Identify the stages of grief.**

When death comes accidentally or swiftly, there is little time to prepare. According to Dr. Elisabeth Kubler-Ross, most persons who approach death because of advanced age or from a terminal illness go through a series of reactions or stages as they prepare for death. The family will also experience a similar series of reactions and will need support and understanding to deal with the loss of a family member.

- Denial

  The first reaction when a person learns that he or she is terminally ill is often, "This can't be." The person may talk about the future and avoid talking about the illness.

- Anger

  This occurs when the person recognizes that the illness is real and is angry that others are allowed to live. "Why me?" or "Someone is against me" are common statements.

- Bargaining

  "If I'm cured, I'll spend the rest of my life doing charity work." The person will make promises to a higher power to do something special or change his or her life if it can be spared.

- Depression

  The person becomes weaker and is unable to perform even simple tasks because of deep sadness and despair. The person loses interest in things such as a favorite TV program or a relative's plans for next summer's vacation.

- Acceptance

  This final reaction comes if there is enough time. If the person has had time to mourn the loss, the person is no longer angry or depressed and can make final plans. A person may remain in this stage for many months or years. Reaching the stage of acceptance does not mean that death is near.

Dying clients and their families do not always progress through all five stages. Family members may not go through the stages at the same time. A person may never get beyond a certain stage, or a person may move back and forth between stages. For example, a person who has reached the stage of acceptance may move back to bargaining and then may move forward to acceptance again. Some people remain in one stage until death.

OBJECTIVE 2 **List measures for helping terminally ill clients and/or their families cope with death.**

The family will be going through a difficult time while trying to work through the stages of grief. Your role is to provide support and understanding for the family while continuing to care for the client.

Dying clients continue to have basic needs. They may want to have family and friends present, or they may want to be left alone. They may want to talk about fears, worries, and anxieties with family members or only to others outside the family. As the respite care provider, you may find yourself as member of the "family" at one point and an outsider later. You will need to be flexible providing the help and playing the role needed at the moment.

When communicating with the dying client be sure to listen and touch. Do not worry about saying the right thing; nothing really needs to be said. The client is the one who needs to talk, to express feelings and concerns.

Sometimes clients do not want to talk but need to have someone close by. Talking may not be necessary or possible; but a warm, gentle touch or squeeze of the hand can let a person know you understand and care.

A client and/or family may want to participate in religious practices. Different cultural groups have different beliefs about the causes and cures of illnesses. They may perform certain rituals aimed at ridding the body of disease. You will need to show respect and acceptance for a client's cultural and religious background.

- Follow plans that have been developed to meet the needs of the person and family.
- Continue to provide personal care for the client.
- Continue with normal routines, but be flexible to allow for the person's choices.

- Establish communication with client and family.
- Be a good listener for the client and family members.
- Remain calm when client is angry.
- Empathize with client's depression; understand the feelings of grief.
- Be available to spend quiet time with the client.
- Assure the client's privacy.
- Show concern, acceptance, respect, and understanding.
- Encourage the family to talk with the client and with each other.
- Reassure family members that they are not responsible for the illness of the client.
- Avoid building any false hopes, but do not destroy any hope that is there.
- Provide support to the family in whatever ways possible if you are there when the death occurs.

Remember that it is generally not your responsibility or privilege to make decisions or judgements about the way the client's condition is being handled by the family and health care team. Unless you suspect abuse, you must allow the family and health care team to cope with the situation as they see fit.

For example, some clients may not want their families to know how serious their condition is. In other cases the family may be keeping the truth from the client, especially if the client is a child. Whether or not you agree with these decisions, your responsibility is to care for the client and provide support. You are in a position of trust, and you must be careful never to break that trust by releasing information about a client's condition.

What you **can** do is promote communication. For example, if a young client asks you if she is dying, it would be inappropriate for you to confirm her suspicions. You could, however, tell her parents about her questions and let them decide how to handle the situation. By doing this you could meet the client's needs without betraying the family's trust.

OBJECTIVE 3

Describe ways to provide physical care for the dying client.

Dying is a general slowing of body processes, accompanied by weakness and changes in the level of consciousness. Encourage the client to assist with daily living activities whenever possible. As the client weakens, your responsibility is to provide more physical and psychological comfort.

To provide physical care, you should consider each of the following:

Client's room

- Keep room as pleasant as possible, making sure it is well-lit and well-ventilated.
- Allow client to have cards, flowers, religious objects, or other significant items within view.
- Keep all unnecessary equipment out of sight when not in use.
- Take special care to ensure that there are no unpleasant odors.

Vision

- Keep the room well-lit, but avoid bright or glaring lights.
- If the client cannot see your actions, explain what you are doing.
- If the client's eyes tend to stay open, follow instructions in the care plan about applying a protective ointment and then covering them with a pad moistened in water to protect them from injury.

Hearing

- Hearing is thought to be the last sense a dying person loses. Assume the client can hear all conversations.
- Do not discuss information that could upset the client in the client's room.
- Speak in a normal tone, and provide reassurance and explanations while providing physical care.

Speech

- Anticipate the client's needs as much as possible.
- Ask questions that can be answered with a *yes* or *no* when possible.
- Continue to talk with the client, but try to converse without requiring an answer.

Mouth

- Provide routine mouth care if the client is still able to drink and eat.
- If the client has difficulty taking fluids or if mucus accumulates in the mouth and the client cannot swallow, provide more frequent mouth care.

Nose

- If a client has increased crusting and irritation of the nares, follow the care plan's instructions for applying a lubricant to the nostrils.

Skin

- Keep the body clean and change positions frequently to avoid pressure sores.
- Change bed linens and gowns often if client is perspiring.
- Cover client with a lightweight blanket as needed to help client rest more easily.

Elimination

- Be alert for client's constipation, urinary retention, or incontinence.
- Use waterproof bed protectors.
- Cleanse perineal area as needed.

Positioning

- Change client's position frequently to promote client comfort and prevent pressure sores.
- Check care plan for specific positions for your client; make sure the positions are appropriate if the client is receiving pain medication.

OBJECTIVE 4

Discuss signs of approaching death.

You will need to be aware of the signs of approaching death. These signs may occur rapidly or gradually.

- Movement, muscle tone, and sensation decrease, usually starting in the feet and legs and spreading to the rest of the body. When the muscles of the mouth relax, the jaw drops and the mouth may stay open.
- Gastrointestinal functions slow down. There may be abdominal distention, incontinence, impaction, nausea, and vomiting.
- Circulation fails and body temperature rises. The client may feel cool or cold, appear pale, and perspire heavily. The pulse is fast, weak, and irregular. Blood pressure may fall.
- Respiratory system fails. Respirations may be slow or rapid and shallow. Mucus may accumulate in the respiratory tract.
- Pain decreases as the client loses consciousness. Some clients will not lose consciousness until the moment of death.

Signs of death include the absence of a pulse, respirations, and blood pressure. The pupils are fixed and dilated.

NOTE: A physician must determine that death has occurred and pronounce the person dead. Make sure that you have instructions to follow if a client should die while in your care. Instructions should be written as part of the data information sheet. This should include names and telephone numbers of people to call, any care you should give the body, and all special instructions given by the family.

COMMON REACTIONS OF THE FAMILY WHEN THE DYING CLIENT IS A CHILD

The death of a loved one is difficult enough to accept when that person is of advanced age. It seems especially tragic when the dying client is a child. The death of a child is a reversal of life expectancy, and coping with the death of a child is extremely hard for the family. Parents, caregivers, and respite care providers go through a wide range of emotional responses.

Common reactions of the family when told that the child is dying:

- Guilt feelings that the family did not take care of the child properly or that they did something wrong during pregnancy
- Frustration that they cannot do anything to stop the condition
- Anger at spouse, other children, or health care providers
- Jealously of a sibling for the attention client is receiving

Means used by the family to compensate for the loss of the child:

- Premature separation, avoiding contact with the child
- Overindulgence of food, toys, gifts, privileges
- Emotional attachment that excludes everyone else but the child and the parent, with no time away from each other

WHEN A CLIENT DIES:
RESPONSIBILITIES OF THE RESPITE CARE PROVIDER

Responsibilities of the respite care provider when a client dies may vary in each situation. There are laws to determine the steps to follow when a person dies at home where a doctor may not be available.

In general, when a respite care provider first meets with the client and/or family to discuss types of care, working hours, and wages; the information on the data sheet should be updated. Although discussing emergency situations may not be pleasant, it is imperative that full instructions be included on the data sheet that will explain what procedure the care provider is to use should the client die.

Specific questions to be asked include the following:

- What family/friends should be called?
- What doctor, hospital, funeral home, etc. should be called?
- Should the body remain in the home until the family arrives, or should it be sent to the hospital, funeral home, etc.?
- What is your role if the body is to remain in the home until someone can legally determine death?
- Should you clean and prepare the body, disconnect tubes, etc.?
- Will there be any organ donations? Are there appropriate documents and phone numbers for organizations that should be called?
- Should you notify a church or clergyman? If so, whom should you contact and when?
- Are there any other special instructions?

Language Skills
- Use standard grammar, spelling, and capitalization
- State ideas clearly
- Use complete sentences

Cognitive Activities Skills
- Identify critical elements/issues
- Devise a solution

Job Acquisition/ Develoment Skills
- Practice good work habits/ attitudes

PROVIDE SUPPORTIVE CARE FOR DYING CLIENTS AND THEIR FAMILIES

Sooner or later we must all face death. Before our own deaths, most of us will experience the death of a client or loved one. The way we react to death is based upon our background as children, how our parents prepared us for death, our experiences with people and pets who have died, and our religious beliefs.

Your support is very important to the client and to the client's family. This activity sheet gives you the chance to think about how to respond to the needs of various clients and their families. Read each case study and then respond in the blanks given.

Case Study 1

Sixteen-year-old Maria is dying from cancer. She had surgery to remove part of the tumor, and has started getting chemotherapy treatments. You have been providing direct care on a regular basis since her return from the hospital.

Maria's parents, who seldom leave the house even when you are there to give care, have forbidden anyone to tell Maria just how sick she really is. One day when her parents have gone to the grocery store, Maria asks you point blank, "Am I dying?"

What should your response be?____________________

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How could you meet Maria's needs?____________________

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How could you meet Maria's parents' needs?

Case Study 2

Jody is a 6-year-old boy who has a terminal case of leukemia. He has a twin brother and three older sisters who spend a lot of time playing in his room. Jody's parents are divorced, and the children live with their mother and grandmother.

Since the beginning of the illness, Jody's father has visited daily. The mother and grandmother are uncomfortable with the frequent visits. Jody's parents argue often; their voices are loud enough for everyone in the house to hear.

Jody does not understand why his mother does not want his father to visit and asks you why his mother is mad at his father.

How would you handle the situation?

What could you do to help meet Jody's needs?

What could you do to help meet his parents' needs?

Case Study 3

You have been hired to provide respite care for Mr. Sung, who is 31 years old and terminally ill. The Sung family includes three children who are three, six, and eight years old. The children know that their father is very sick, but no one has told them that he will die soon. The Sungs do not want the children to know about the approaching death and refuse to discuss the issue with the children.

The Sungs do not allow the children to go places with their friends or relatives. The children must come straight home after school, visit their father for a short time, and then go to their rooms to play quietly.

The children are showing signs of frustration at being isolated and having to be quiet all the time. The oldest son asks you, "What's wrong? Why can't we play with our friends? Mom and Dad don't ever have time for us. All they want is for us to be quiet."

How should you respond to the boy?

How would you handle the situation?

MANAGE PERSONAL STRESS RELATED TO CARING FOR THE DYING CLIENT

Reading Comprehension Skills
- Gain factual information

Research and Reference Skills
- Select useful resources
- Locate resources
- Find materials in library (use cataloging systems, use classifying systems, etc.)

Your work with a terminally ill client will be easier if you are prepared for the final outcome, the death of your client. There are several ways to help prepare yourself for that outcome. You can become aware of your own beliefs about death and dying. You can assess your own expectations and capabilities, and then accept your limitations about what you can and cannot do for the dying person.

Recognize that you may be asked to perform tasks you have not had to face on a personal basis. Be prepared. Knowing what details you will need to handle and when to do them will help relieve some of your personal stress.

Identify with the client to help understand that person's feelings. Do not be afraid to release your tensions by crying or talking about your feelings with someone when deep emotions are involved. If your personal health is being affected by the stressful situation, you may need to ask to be excused from the case.

DIRECTIONS

Composition Skills
- Compose reports

Research Skills
- Take notes

Operation and Calculation Skills
- Calculate with whole numbers

Functional Math Skills
- Solve practical problems

Each student should select one of the following activities and participate in a class presentation on the topic. Consult with your instructor about your selection to ensure the class covers all the topics. The students working on each topic should make a presentation to the class so all class members receive the information from speakers, field trips, etc.

- Attend a workshop or do your own research on death, dying, and/or grief. Make a report to the class. (Topics covered might include religious significance, cultural rituals, information about specific diseases or disabilities, the process of dying, ways to cope with grief, etc.)
- Arrange for clergy from different religions to speak to the class about death rituals and their significance.
- Arrange for a county coroner to discuss the procedure you are to follow if a client should die while in your care. Discuss what physical care, if any, you should give the deceased while waiting for the family or doctor to arrive.

- Arrange for a speaker from an organ bank to talk with the class about documents and procedures for those who want to donate organs.
- Arrange for a class trip to a funeral home to discuss the embalming process and the role of the funeral in today's society. Plan your own funeral or that of a friend and calculate the cost.
- Arrange for a speaker from a local hospice program to discuss the work provided through their program.
- Arrange for a respite care provider, direct care provider, or nurse who works with terminally ill children to discuss the stress of working with dying clients.

Oral Presentation Skills

- Make informative presentations
- Use good speaking techniques (pitch, volume, rate, inflection)

Cognitive Activities Skills

- Collect/record information
- Identify critical elements/issues
- Identify/develop alternatives
- Evaluate alternatives
- Select an alternative

Job Search/ Selection Skills

- Analyze duties/ requirements/ benefits of specific job

Information Analysis Skills

- Collect/record data

Social Studies Applications Skills

- Investigate/apply cross/cultural studies

Functional Social Studies Skills

- Practice responsible personal economics

ACTIVITY SHEET 1

The questions asked at the end of the case studies reflect an opinion about how the care provider would handle the situation.

Although opinion questions are generally accepted as having no right or wrong answers, check the students' understanding of appropriate actions as presented in the information sheets.

Suggested answers:

Case Study 1

- Your response should be limited. Try to draw Maria out and determine what she knows, thinks, etc.
- To meet Maria's needs, encourage her to talk. Listen to her problems, concerns, and questions.
- To meet the parents' needs, you will need to discuss your conversations with Maria. Try to help them plan a strategy that will help Maria and her need to know just how sick she is. It might be appropriate for you to refer them to community services that will help them find the right way to tell Maria about her condition and also help them prepare for the loss.

Case Study 2

- You will need to discuss Jody's concerns with his mother to let her know of Jody's questions. Do not discuss the arguing with her unless she should ask you directly if you have heard the arguments or if you think Jody has heard them.
- To help Jody, listen to him and try to answer questions in general. Do not talk about his parents' behavior. If he refers to the arguing, explain that all people get angry on occasion and yell — for example, remind him of a recent argument he might have had with his brother or sisters. Refer Jody to his parents for specific answers about their behavior, then alert the parents to his questions.

- To meet the parents' needs, you might suggest to your supervisor — if you work for an agency — that you would be willing to stay with Jody while the father visits and that the mother could leave the home for a short time. If you do not work for an agency, you will need to discuss alternatives for visits with the grandmother, mother, or father directly. Do not discuss the situation as right or wrong; do not pass judgment on the arrangements.

Case Study 3

- Your response should be one that allows the child to discuss his frustrations. Encourage all the children to discuss their feelings. You might discuss illness in general and how people who do not feel well need their rest and should not be disturbed.
- To handle the situation, you must discuss the children's concerns with the Sungs. If they refuse to include the children and tell them of the situation, you must respect their decision. If the children are still not allowed to visit friends, see if you can find a way to include them in visits to the grocery store or other daily activities that offer opportunities for the children to see other people. You could make the parents aware of community services available to them to help cope with the situation.

ACTIVITY SHEET 2

Information presented should be accurate and up-to-date.

ASSIGNMENT SHEET

PROVIDING CARE FOR TERMINALLY ILL CLIENTS

VII

Name ______________________________ Score ____________

OBJECTIVE 5

Assess personal feelings about death and dying.

INTRODUCTION

Caring for a dying person requires skill and sensitivity, and it can be emotionally and physically demanding on those who provide service.

Understanding your own personal feelings about death and dying will help you to meet the needs of the client and family. This activity is to help you explore your own feelings.

DIRECTIONS

There are no right or wrong answers to these questions. Answer them as honestly as you can. If a question makes you uncomfortable, you may choose not to answer it. Instead, you might think about why that particular question bothers you.

Language Skills

- Use standard grammar, spelling, and capitalization

Composition Skills

- Use complete sentences

Functional Social Studies Skills

- Analyze social issues

1. Describe your first experience with death (death of a loved one, pet, famous person, neighbor, etc.)

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2. When you were a child, what did you think death was? What do you think death is now, as an adult?

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3. How is death discussed in your family? Among your friends and co-workers?

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4. What do you think will happen to you after you die?

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5. Has religion influenced the way you think about death? If so, how?

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6. If your doctor discovered that you only had a few months to live, would you want to know? Why or why not?

7. If you only had a few months to live, how would you spend your time?

8. If someone close to you (such as a spouse, parent, or child) knew they would die soon, would you want to know? Why or why not?

9. How would you feel about accepting a position caring for a terminally ill client?

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10. If there was a way to predict the exact date of your death, would you want to know when you would die? Why or why not?

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ASSIGNMENT SHEET

Answers will vary, but should indicate that the student has assessed his or her feelings about death and dying.

Name ______________________ Score __________

OBJECTIVE 1

Identify the stages of grief. Read each case presented below, and circle the letter of each correct answer.

1. Mrs. Bauer, who has been disabled for the last three years, recently had a stroke that has left her paralyzed on the left side. Until recently, she was cheerful and often worked very hard to help with her daily care. Now she seems to be weakening and has no interest in life or any activities going on around her. Mrs. Bauer has asked that visitors be kept out and does not want to be disturbed unless absolutely necessary.

   What stage of grief does Mrs. Bauer appear to be experiencing?

   a. Acceptance
   b. Anger
   c. Bargaining
   d. Denial
   e. Depression

2. Mr. Luke is confined to bed and must be close to oxygen support at all times. He continues to work at full speed, planning new projects for future expansion, making business calls for long periods each day. He generally refuses to discuss his lung cancer, which has been diagnosed as terminal.

   What stage of grief does Mr. Luke appear to be experiencing?

   a. Acceptance
   b. Anger
   c. Bargaining
   d. Denial
   e. Depression

May be photocopied for student use.

3. Ron McCracken's parents call him their "perfect child". He made good grades, was an outstanding athlete in school, and has been accepted to a college with a full scholarship. Ron has been sick for several months, and he recently entered the hospital for some tests. After the tests, doctors told his parents that Ron's illness is terminal. The McCrackens do not understand why their son, who has so much to live for, must die. They say it's not fair that so many drug dealers and murderers are perfectly healthy, but their son, who never hurt anybody, is terminally ill.

   What stage of grief do Mr. and Mrs. McCracken appear to be experiencing?

   a. Acceptance
   b. Anger
   c. Bargaining
   d. Denial
   e. Depression

4. Each night you are on duty you hear 10-year-old Katie say her prayers. In her prayers Katie asks God to take care of her illness and make her well. She promises to spend her life being nice to her brother and sister and working hard to help her family if only God will let her live.

   What stage of grief does Katie appear to be experiencing?

   a. Acceptance
   b. Anger
   c. Bargaining
   d. Denial
   e. Depression

5. Mr. Tonemah has known for over a year that he has lung cancer and hardening of the arteries. He realizes that he will probably die soon, from a heart attack or his cancer. Mr. Tonemah has begun putting all property, stocks, and bank accounts in his wife's name. He paid off all the accounts due and wrote down the names of people to contact about insurance and pensions.

   What stage of grief does Mr. Tonemah appear to be experiencing?

   a. Acceptance
   b. Anger
   c. Bargaining
   d. Denial
   e. Depression

May be photocopied for student use

OBJECTIVE 2

List measures for helping terminally ill clients and/or their families cope with death. List the measures in the blanks below.

OBJECTIVE 3

Describe **ways to provide physical care for a dying client.** Write your answers in the blanks provided.

1. Client's room

May be photocopied for student use.

2. Vision

   ____

   ____

   ____

3. Hearing

   ____

   ____

   ____

4. Speech

   ____

   ____

   ____

5. Mouth

   ____

   ____

   ____

6. Nose

   ____

   ____

   ____

7. Skin

   ____

   ____

   ____

May be photocopied for student use.

8. Elimination

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9. Positioning

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OBJECTIVE 4 **Discuss signs of approaching death.** Discuss the signs in the blanks provided.

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NOTE: Objective 5 is evaluated on the assignment sheet in this unit. If you have not completed this component, see your instructor.

May be photocopied for student use.

OBJECTIVE 1

1. e
2. d
3. b
4. c
5. a

OBJECTIVE 2

- Follow plans that have been developed to meet the needs of the person and family.
- Continue to provide personal care for the client.
- Continue with normal routines, but be flexible to allow for the person's choices.
- Establish communication with client and family.
- Be a good listener for the client and family members.
- Remain calm when the client is angry.
- Empathize with client's depression; understand the feelings of grief.
- Be available to spend quiet time with the client.
- Assure the client's privacy.
- Show concern, acceptance, respect, and understanding.
- Encourage the family to talk with the client and with each other.
- Reassure family members that they are not responsible for the illness of the client.
- Avoid building any false hopes; but do not destroy any hope that is there.
- Provide support to the family in whatever ways possible if you are there when the death occurs.

OBJECTIVE 3

1.
   - Keep room as pleasant as possible, making sure it is well-lit and well-ventilated.
   - Allow client to have cards, flowers, religious objects, or other significant items within view.
   - Keep all unnecessary equipment out of sight when not in use.
   - Take special care to ensure that there are no unpleasant odors.
2.
   - Keep the room well-lit, but avoid bright or glaring lights.
   - If the client cannot see your actions, explain what you are doing.
   - If the client's eyes tend to stay open, follow instructions in the care plan about applying a protective ointment and then covering them with a pad moistened in water to protect them from injury.
3.
   - Hearing is thought to be the last sense a dying person loses. Assume the client can hear all conversations.
   - Do not discuss information that could upset the client in the client's room.
   - Speak in a normal tone, and provide reassurance and explanations while providing physical care.
   - Anticipate the client's needs as much as possible.
   - Ask questions that can be answered with a *yes* or *no* when possible.
   - Continue to talk with the client, but try to converse without requiring an answer.
4.
   - Provide routine mouth care if the client is still able to drink and eat.
   - If the client has difficulty taking fluids or if mucus accumulates in the mouth and the client cannot swallow, provide more frequent mouth care.
5.
   - If a client has increased crusting and irritation of the nares, follow the care plan's instructions for applying a lubricant to the nostrils.

6.
    - Keep the body clean and change positions frequently to avoid pressure sores.
    - Change bed linens and gowns often if client is perspiring.
    - Cover client with a lightweight blanket as needed to help client rest more easily.

7.
    - Be alert for client's constipation, urinary retention, or incontinence.
    - Use waterproof bed protectors.
    - Cleanse perineal area as needed.

8.
    - Change client's position frequently to promote client comfort and prevent pressure sores.
    - Check care plan for specific positions for your client; make sure the positions are appropriate if the client is receiving pain medication.

OBJECTIVE 4

Answers may be in any order:

- Movement, muscle tone, and sensation decrease, usually starting in the feet and legs and spreading to the rest of the body. When the muscles of the mouth relax, the jaw drops and the mouth may stay open.
- Gastrointestinal functions slow down. There may be abdominal distention, incontinence, impaction, nausea, and vomiting.
- Circulation fails and body temperature rises. The client may feel cool or cold, appear pale, and perspire heavily. The pulse is fast, weak, and irregular. Blood pressure may fall.
- Respiratory system fails. Respirations may be slow or rapid and shallow. Mucus may accumulate in the respiratory tract.
- Pain decreases as the client loses consciousness. Some clients will not lose consciousness until the moment of death.